DOCUMENT RESUME

ED 044 712

CG 005 929

AUTHOR	Gordon, Paula, Comp.; And Others
TITLE	Guide to Ideas on Drug Abuse Programs and Policies.
INSTITUTION	Committee for Psychedelic Drug Information, Berkeley, Calif.
PUB DATE	Aug 70
NOTE	68p.
AVAILABLE FROM	Committee for Psychedelic Drug Information, P. O. Box 851, Berkeley, California 94701 ($2.50 per copy)
EDRS PRICE	EDRS Price MF-$0.50 HC-$3.50
DESCRIPTORS	Counseling, Counseling Effectiveness, Curriculum Design, *Curriculum Development, Curriculum Planning, *Drug Abuse, Drug Addiction, *Drug Legislation, Health, *Health Education, *Program Planning, Socially Deviant Behavior

ABSTRACT

The "GUIDE" was conceived as a way of accelerating the process of finding and working out viable approaches to solving the drug abuse problem. Policy changes are suggested which would recognize the necessity of medical and educational interventions. The wide variety of material, which was compiled, included: (1) summaries of currently operating drug abuse programs; (2) ideas concerning the use of media in drug abuse education efforts; (3) the utilization of former drug users in drug abuse programs; (4) tips on counseling techniques; (5) a summary and budget for a high school drug abuse counseling program; and (6) an outline of an M.A. curriculum for drug abuse education. (TL)

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guide to ideas on drug abuse programs and policies

compiled by paula gordon

cpdi

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guide to ideas on drug abuse programs and policies

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Drug Information

PUBLISHED BY
COMMITTEE FOR PSYCHEDELIC DRUG INFORMATION
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Berkeley, California 94701

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COMMITTEE FOR PSYCHEDELIC DRUG INFORMATION

SECOND EDITION, AUGUST, 1970

GUIDE TO IDEAS ON DRUG ABUSE
PROGRAMS AND POLICIES

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CONTENTS

FOREWORD

1. DIAGRAM-COMPREHENSIVE APPROACH TO THE DRUG PROBLEM

2. A PUBLIC HEALTH APPROACH TO DRUG ABUSE

4. SUMMARY OF A SPECIAL SAN DIEGO COUNTY PROGRAM FOR JUVENILES

7. CALIFORNIA STATE ASSEMBLY BILL 553 (1970) - REHABILITATION OF HIGH SCHOOL AND JUNIOR HIGH SCHOOL DRUG USERS

9. CALIFORNIA STATE SENATE BILL 1010 (1970) - DRUG ABUSE ACT OF 1970 (PROVIDING FOR A STATEWIDE COUNSELING PROGRAM FOR STUDENTS)

11. IDEAS CONCERNING THE ROLE OF FORMER DRUG USERS AND EX-NARCOTIC ADDICTS IN PROGRAMS OF REHABILITATION AND PREVENTION

13. GROUP APPROACHES TO REHABILITATION AND GROWTH

15. NEEDED CHANGES IN EDUCATION

18. AN ACROSS-THE-BOARD CHANGE IN GRADING SYSTEMS

20. AN APPROACH TO SOLVING THE DRUG PROBLEM

21. A PROPOSED DRUG ABUSE PROGRAM FOR HIGH SCHOOLS

22. A BUDGET PROPOSAL FOR A PROGRAM NOW IN OPERATION IN A SAN FRANCISCO BAY AREA HIGH SCHOOL

23. SOME OBSERVATIONS CONCERNING A DRUG ABUSE PROGRAM CURRENTLY IN OPERATION IN A SAN FRANCISCO BAY AREA HIGH SCHOOL

25. A COMPREHENSIVE COMMUNITY-BASED DRUG ABUSE PROGRAM

28. A GUIDE TO COUNSELING YOUTH WHO ARE INVOLVED WITH DRUGS - Informal Tips for Para-Professionals

30. IDEAS REGARDING THE SELECTION AND USE OF MATERIALS AND MEDIA IN DRUG ABUSE PROGRAMS

31. SUGGESTIONS FOR AN IN-SERVICE TRAINING PROGRAM FOR TEACHERS AND OTHER SCHOOL PERSONNEL

33. DEGREE PROPOSAL: MASTER OF ARTS IN DRUG ABUSE EDUCATION

37. LETTER SENT TO SCHOOL AND COLLEGE ADMINISTRATORS REGARDING LITERATURE ON DRUGS AVAILABLE THROUGH THE COMMITTEE FOR PSYCHEDELIC DRUG INFORMATION

38. INFORMATION REGARDING ORDERS FOR ADDITIONAL COPIES OF COMMITTEE PUBLICATIONS

39. SELECTION OF AVAILABLE LITERATURE

NOTE: All material not otherwise credited was written by Paula Gordon.

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FOREWORD

The drug abuse problem has reached a critical stage. The problem is neither being solved nor discernibly lessened by most of the approaches presently being tried. It seems obvious that new workable approaches must be developed as well as implemented. It is for this reason that the present GUIDE TO IDEAS ON DRUG ABUSE PROGRAMS AND POLICIES came into being, its major purpose being to accelerate the process of finding and working out viable approaches to solving the drug abuse problem.

It has been said ad nauseam that many people working in the drug abuse field are busy reinventing the wheel. This would seem to be an apt description of what is happening, and there is no reason that such a wasteful expenditure of time, energy and resources need go on. What is needed--if present trends are to be changed--is a sharing of information and experience, concretized program ideas, outlines, budgets, policy guidelines, etc., et ., which will at least provide persons who are just entering the field - as well as many others - with some sense of appreciation and awareness of what has already been done and proposed, what has proven successful and some hints on how to replicate the successes.

The objective I have set for myself as one who is involved in the field of drug abuse education and prevention is that of turning people, particularly youth, away from experimenting with or using narcotics, dangerous drugs and other substances so deleterious to their mental, physical, and spiritual well being. In order to accomplish this objective it seems to me that the underlying conditions which apparently are giving rise to drug abuse behavior must be dealt with head on. At the same time it is imperative that the symptoms arising from drug abuse must also be dealt with. Failure to do so is to wittingly permit the potentials of thousands of individuals to drain away, perhaps never to be reclaimed.

It is imperative that attempts be made to stop the cycle of drug abuse before it starts and to effectively intervene in and break the cycle when it has begun. Attention and energies must be directed to preventive education as well as to treatment and rehabilitation. In order to effect such changes, new public policies must be established which would treat drug abuse as a public health problem, to be dealt with through educational means--both remedial and developmental--as well as through medical and therapeutic means--treatment and rehabilitation. If such efforts are to be successful, those engaged in bringing about the needed changes must come to realize that the prevention and cure of drug abuse will come only with the revitalization and humanization of all of our social institutions as the root causes including discontentment which have given rise to drug abuse is here and in ourselves. Because the educational system can be seen as having a most all pervasive effect in shaping the lives of the young, it seems to me that we must focus much of our efforts on education, on making education more relevant, more human, and more helpful by addressing a most basic human need of the young person today--learning to live meaningfully in an incredibly complex world.

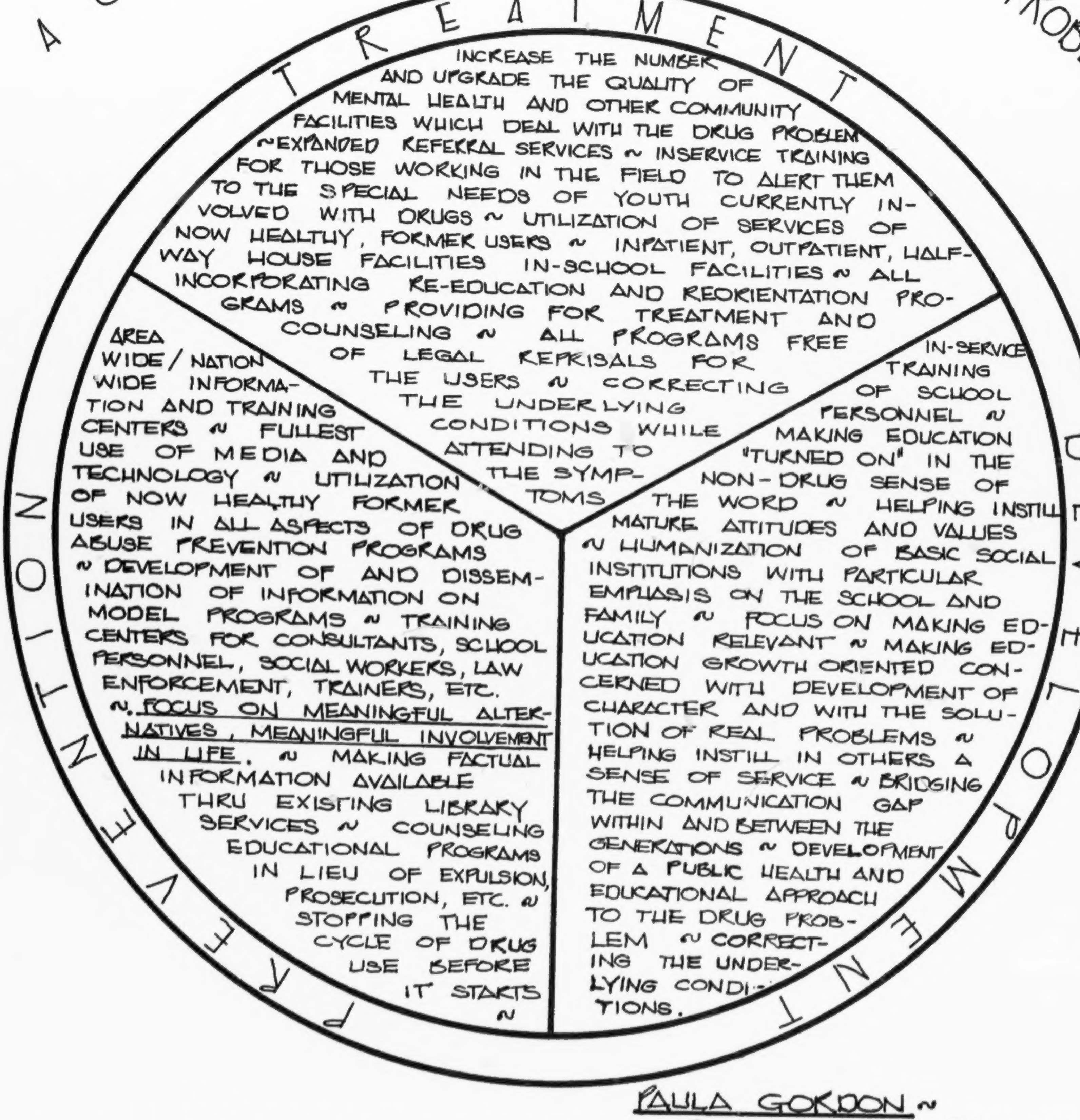
I do not see this GUIDE as providing final answers. I do see it as an essential step in the direction of finding answers. I hope that it will help many persons circumvent months, if not years of costly and unsuccessful efforts at finding workable solutions, for in this problem area, the cost of such failure is not finally calculable.

I would like to thank those persons who have been instrumental in writing and preparing the present version of the GUIDE. I would also like to invite any communications regarding ideas and suggestions for future publications.

Paula Gordon
July 15, 1970

Committee for Psychedelic Drug Information
P. O. Box 851
Berkeley, California 94701

A COMPREHENSIVE APPROACH TO THE DRUG PROBLEM



TREATMENT

INCREASE THE NUMBER AND UPGRADE THE QUALITY OF MENTAL HEALTH AND OTHER COMMUNITY FACILITIES WHICH DEAL WITH THE DRUG PROBLEM ~EXPANDED REFERRAL SERVICES ~ INSERVICE TRAINING FOR THOSE WORKING IN THE FIELD TO ALERT THEM TO THE SPECIAL NEEDS OF YOUTH CURRENTLY INVOLVED WITH DRUGS ~ UTILIZATION OF SERVICES OF NOW HEALTHY, FORMER USERS ~ INPATIENT, OUTPATIENT, HALFWAY HOUSE FACILITIES IN-SCHOOL FACILITIES ~ ALL INCORPORATING RE-EDUCATION AND REORIENTATION PROGRAMS ~ PROVIDING FOR TREATMENT AND COUNSELING ~ ALL PROGRAMS FREE OF LEGAL REPRISALS FOR THE USERS ~ CORRECTING THE UNDERLYING CONDITIONS WHILE ATTENDING TO THE SYMPTOMS

PREVENTION

AREA WIDE/NATION WIDE INFORMATION AND TRAINING CENTERS ~ FULLEST USE OF MEDIA AND TECHNOLOGY ~ UTILIZATION OF NOW HEALTHY FORMER USERS IN ALL ASPECTS OF DRUG ABUSE PREVENTION PROGRAMS ~ DEVELOPMENT OF AND DISSEMINATION OF INFORMATION ON MODEL PROGRAMS ~ TRAINING CENTERS FOR CONSULTANTS, SCHOOL PERSONNEL, SOCIAL WORKERS, LAW ENFORCEMENT, TRAINERS, ETC. ~. FOCUS ON MEANINGFUL ALTERNATIVES, MEANINGFUL INVOLVEMENT IN LIFE. ~ MAKING FACTUAL INFORMATION AVAILABLE THRU EXISTING LIBRARY SERVICES ~ COUNSELING EDUCATIONAL PROGRAMS IN LIEU OF EXPULSION, PROSECUTION, ETC. ~ STOPPING THE CYCLE OF DRUG USE BEFORE IT STARTS ~

DEVELOPMENT

IN-SERVICE TRAINING OF SCHOOL PERSONNEL ~ MAKING EDUCATION "TURNED ON" IN THE NON-DRUG SENSE OF THE WORD ~ HELPING INSTILL MATURE ATTITUDES AND VALUES ~ HUMANIZATION OF BASIC SOCIAL INSTITUTIONS WITH PARTICULAR EMPHASIS ON THE SCHOOL AND FAMILY ~ FOCUS ON MAKING EDUCATION RELEVANT ~ MAKING EDUCATION GROWTH ORIENTED CONCERNED WITH DEVELOPMENT OF CHARACTER AND WITH THE SOLUTION OF REAL PROBLEMS ~ HELPING INSTILL IN OTHERS A SENSE OF SERVICE ~ BRIDGING THE COMMUNICATION GAP WITHIN AND BETWEEN THE GENERATIONS ~ DEVELOPMENT OF A PUBLIC HEALTH AND EDUCATIONAL APPROACH TO THE DRUG PROBLEM ~ CORRECTING THE UNDERLYING CONDITIONS.

PAULA GORDON ~
- CONSULTANT FOR DRUG ABUSE PREVENTION AND EDUCATION
- CHAIRMAN – COMMITTEE FOR PSYCHEDELIC DRUG INFORMATION

P.O. BOX 851, BERKELEY, CALIF. 94701

GRAPHICS - BRYAN BENNETT

A PUBLIC HEALTH APPROACH TO DRUG ABUSE

Ideas regarding possible changes in public policy.

I. Introduction. The 1969 California State Assembly considered legislation which provided for a "public inebriate health program". According to a report on this legislation, the program was designed to provide care and treatment for chronic alcoholics. This proposed program can be used as a model for a similar program designed to provide care and treatment for chronic as well as occasional drug users. The problems of chronic drug abuse or of occasional drug abuse need to be treated as public health problems rather than as criminal matters.

II. Treatment. Diagnostic reception and detoxification centers need to be established where they are needed and do not presently exist. These services could be established in conjunction with public hospitals and provide for emergency medical and psychiatric care, detoxification as well as for further diagnostic, screening, and referral services for supportive counseling, rehabilitation programs and educational programs.

Comprehensive treatment and rehabilitation programs, including in-patient extended care facilities, out-patient aftercare and supportive individual and group counseling, family counseling, and educational programs need to be designed and implemented in order to help assure that the individuals involved in such programs will not return to drug use. Rehabilitation facilities especially designed for minors with drug abuse problems, should be established. Other rehabilitation programs and facilities are also needed for adults.

III. Referral. Teachers, counselors, school personnel, parents and public health officers could all refer minors to treatment centers. No punitive legal action should follow such referrals. Parents who refer their children to centers would also be required to take part in family therapy sessions or individual therapy aimed at alleviating problems in the home which might have major contributing factors to the child's involvement in drug use. Chronic drug users could also voluntarily refer themselves for treatment and counseling and in certain cases this could be done without parents' knowledge or consent. Drugged individuals, regardless of age, could be placed in protective custody and taken by law enforcement officials to treatment centers. Detention could last 72 hours without a court order. Persons found to be a danger to themselves or others could be placed under compulsory care.

IV. Penalties. Persons suspected of offenses such as driving while under the influence of dangerous drugs or narcotics or of being involved in other illicit activity would continue to be policed in accordance with the present laws. Persons in possession of drugs and also suspected of being engaged in their sale or production would similarly continue to be policed under the criminal law.

Those persons found by law enforcement officials to be under the influence of or in possession of dangerous drugs or narcotics would be cited and required to appear before a judge and if found guilty, be required to pay a fine. A court appearance would be mandatory as it presently is in some jurisdiction for moving traffic violations. Fines would be adjusted according to the quantity of drugs in possession and the kind of drug. For instance a scale might range from $5 for the possession of or for the use of a small portion of marijuana or pills (stimulants or depressants) to $10 for possession or use of methamphetamine or LSD to $15 or $20 for possession or use of heroin. Failure to appear in court would result in a warrant being issued for the person's arrest. In many respects the possession and use of dangerous drugs would be handled as many traffic fines are handled at present. One important difference would be that all persons receiving citations for possession or for use of dangerous drugs and narcotics would have to report to a diagnostic reception and detoxification center for medical evaluation, treatment, counseling and any other needed services. Individuals could be released at any time that they were judged to be recovered. Ideally, a separate court system would be set up to facilitate the handling of cases and to insure that a uniform emphasis is given to treating, rehabilitating, and helping those who are drug dependent or bent on experimenting with dangerous drugs.

V. Conclusion. A major merit of such changes in policy would be that problems of drug abuse would be recognized as ones requiring a medical and educational approach. Physicians, counselors, parole officers, parents, school personnel, law enforcement would all be enabled to deal much more directly and effectively with those involved in drug abuse than they are at present. The present unmanageable burden upon enforcement agencies would thereby be alleviated. The emphasis on punishment which presently dominates public policies relating to the drug problem would be supplanted by an emphasis on helping individuals regain their mental and physical health, and helping them help themselves find more fulfilling ways to live.

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RECOMMENDED READING:

Cohen, Allan Y. (1970) "Open Letter to Policy Makers". Compact 4(3):16-17, June 1970. Compact is published by the Education Commission of the States, 822 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80203. (This issue is devoted to the topic "Drugs in the Schools." Copies cost $1.00.)

Winick, Charles and Bynder, Herbert, "Facilities for Treatment and Rehabilitation of Narcotic Drug Users and Addicts." American Journal of Public Health, 57(6):1025-1033, June, 1967. This is an important informative article which provides data on the various kinds of agencies and institutions dealing with the treatment and rehabilitation of drug addicts.

Requests for copies of the "Manual for Emergency Treatment of Drug Abuses" may be requested from Mr. Paul A. Borgfeldt, Assistant Director of Community Affairs, California Medical Association, 693 Sutter Street, San Francisco, California 94102.

SUMMARY OF A SPECIAL SAN DIEGO COUNTY PROGRAM FOR JUVENILES

First time juvenile drug-abusers and narcotics offenders in San Diego County are being given the option of participating in an educational program in lieu of prosecution. The total program consists of six separate meeting sessions in which attendance by the minor and his parents is mandatory. Meetings last two hours and are held in the evening once a week.

Guest lecturers are invited to the first four sessions and speak for the first hour. The lecturer series includes:

1) A juvenile officer from the police department giving a formal presentation on drugs from the law enforcement point of view.

2) A local physician (volunteer) to give a drug presentation from a medical point of view.

3) A practicing attorney (perhaps made available by the local bar association) to provide those in attendance with a better understanding of narcotics laws and the detrimental effects which a narcotics "record" may have upon the individual.

4) Two or more ex-drug users to tell about the effects that drugs had on their lives and why they no longer use such drugs. These talks are especially useful in that the testimony of such forner users seems to do much to dispel the notion that marijuana and drug experimentation "really isn't harmful". Here the youngsters begin to see what the drug-oriented life is really like.

After each of the above presentations the larger assembly will break down into smaller group discussions for the second hour. These groups are chosen prior to the first session and remain the same throughout the program. In meetings five and six the formal lecture portion of the program is eliminated and the group discussions last two hours for each meeting.

The group discussion is thought of as the core of the program. A typical group within the program includes approximately four or five minors and an equal number of adults. In no one group does any minor sit in the same group as his own parents. Once established, the groups are not modified and remain unchanged for the duration of the program. The success of the program seems to be in direct proportion with the commitment to "group confidentiality" extended to participating members. Each group operates with full knowledge that what is said in the group "stays in the group". In this manner the discussions can be more frank and constructive than they might be otherwise. These discussions, incidentally, are to be led by probation department staff who receive compensating time off for their work in this program.

To further support attendance requirements, the minor and his parents are required to sign a contract (copy enclosed) in which they agree to provisions requiring attendance in lieu of prosecution in Juvenile Court. Assuming the offending minor and parents express interest in the program, enrollment procedures are entered into under the provisions of Section 654 of the Welfare and Institutional Code. Briefly, that section provides for the informal supervision of a probation officer.

One of the most encouraging results of the program seems to be the low rate of recidivism among the youths who have taken part in the program. Another very positive effect of the program seems to be the closer rapport which develops between the youth and their parents.

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Further information regarding this program may be obtained by writing the San Diego County Probation Department, William M. Sergent, Supervising Probation Officer, 2901 Meadow Lark Drive, San Diego, California 92123.

Summary by John Allen

SAN DIEGO COUNTY PROBATION DEPARTMENT
REQUEST FOR AND AGREEMENT TO INFORMAL SUPERVISION

Date:____________________

In a voluntary agreement with the Probation Officer, I,

____
(minor)

hereby request being assigned to Informal Supervision for a period not to exceed six months under the provisions of Section 654 of the California Welfare and Institutions Code. As a condition of the above program, I agree to attend with my parent or guardian any and all instructional programs and will report at such times and places to be designated by the Probation Officer.

It is further understood and agreed that failure on my part to comply with the above provisions may provide cause for a Juvenile Court hearing on my behalf.

Signed:____________________
(minor)

Date:____________________

Witness:____________________

Pursuant to Section 654 of the Welfare and Institutions Code, I,

____
(parent or guardian)

hereby consent to my child's participation in the above program. I further agree to attend with my child any and all instructional programs and will appear with my child at such times and places as may be designated by the Probation Officer.

It is further understood that failure on my part to comply with the above provisions may provide cause for a Juvenile Court hearing on my child's behalf.

Signed:____________________

Date:____________________

Witness:____________________

Your son/daughter, ____________________, is scheduled to attend a lecture dealing with narcotics on ____________________at 7:00 P.M. The program will be presented at the San Diego County Probation Center located at 2901 Meadow Lark Drive, San Diego.

Following the above meeting, ____________________ will be required to attend three additional programs at the address shown above. All meetings will occur on Tuesday night of each week and are scheduled to begin at 7:00 P.M. It is necessary for the purposes of attendance that the minor be accompanied by a parent or guardian.

Signed:____________________
(Intake Supervisor)

Date:____________________

Prob. Form no. 128-A (2-69)

NOTE: AB 553 and SB 1010 are presented here because of the ideas contained in them. Both have since been amended. AB 553 (as amended April 21, 1970) was radically changed. While SB 1010 (as amended July 13, 1970) was changed to exclude provisions for drug counseling programs, AB 553 was amended to include provisions for drug counseling services in the public schools.

CALIFORNIA LEGISLATURE—1970 REGULAR SESSION

ASSEMBLY BILL No. 553

Introduced by Assemblyman Wilson

February 4, 1970

REFERRED TO COMMITTEE ON HEALTH AND WELFARE

An act to add Chapter 1.5 (commencing with Section 10920) to Division 9 of the Education Code, relating to drugs, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

The people of the State of California do enact as follows:

SECTION 1. Chapter 1.5 (commencing with Section 10920) is added to Division 9 of the Education Code, to read:

CHAPTER 1.5. REHABILITATION OF HIGH SCHOOL AND JUNIOR HIGH SCHOOL DRUG USERS

Article 1. General Provisions

10920. It is the intent and purpose of the Legislature in enacting this chapter to establish a two-year pilot program for the rehabilitation of high school and junior high school student drug users who voluntarily seek rehabilitation. This pilot program shall provide the Legislature and the various state and local governmental agencies involved in prevention of drug abuse and the rehabilitation of juvenile drug users with information and experience concerning the problems involved in providing a program of rehabilitation for high school and junior high school student drug users, and the feasibility thereof. Such program will provide valuable information relative to the efficacy of selected programs of public instruction as a preventive of drug abuse by high school and junior high school students. Finally, the pilot program will also provide information concerning the public response which may be accorded such programs, and may identify new avenues of public involvement in prevention of drug abuse or in rehabilitation of minors who have become drug users.

Article 2. Establishment and Maintenance of the Pilot Program

10925. The Superintendent of Public Instruction shall contract with any school district, which maintains high schools and junior high schools, for the implementation of a two-year pilot program for the rehabilitation of student drug users.

10926. The school district selected by the Superintendent of Public Instruction to conduct the pilot program shall serve a metropolitan area with a population of 500,000 or more, and be a district selected to conduct a comparative drug abuse instructional program pursuant to Chapter 1629 of the Statutes of 1967.

10927. The selected school district shall maintain a drug rehabilitation clinic located off school premises, which shall provide medical, psychiatric, psychological, and other counseling services for the student drug user and maintain counseling services for his parents.

The clinic shall do all of the following:

(a) Assist the student who has voluntarily applied for drug rehabilitation, and work with his parents in the treatment of the student's immediate drug problem.

(b) Work with the student and his parents, and with school and local agency officials, in remedial and counseling activities, with the purpose of directing the student toward successful participation in society.

(c) Determine facts and gather information for better understanding of the causes of current drug and narcotics usage, and for development of effective programs for prevention of such usage.

(d) Gather and utilize clinical data and information for the development of effective means for treatment and rehabilitation of student drug users.

(e) Assess the implications of such facts and information for school counseling, instructional programs, and parental assistance in combating drug usage by students.

10928. The drug rehabilitation clinic established under this chapter shall be operated throughout the year.

10929. The governing board of the contracting school district is authorized to enter into any necessary cooperative or contractual arrangements with appropriate public or private agencies in the establishment and operation of the pilot program. Nothing shall prohibit the contracting agency from receiving other federal, state, local, or private agency funds to accomplish the purposes of this program.

Article 3. Reports

10935. On or before the fifth legislative day of the 1973 Regular Session, the authorized school district shall, through the Superintendent of Public Instruction, submit to the Legislature a comprehensive report on all phases of the pilot program provided for by this chapter, and shall include therein recommendations relating to the establishment of a rehabilitation program in other school districts.

Sec. 2. The sum of one hundred twenty-five thousand dollars ($125,000) is hereby appropriated from the General Fund to the State Superintendent of Public Instruction for allocation to the school district authorized to conduct the pilot program authorized pursuant to Chapter 1.5 (commencing with Section 10920) of Division 9 of the Education Code.

Sec. 3. This act shall become operative September 1, 1970, and shall remain in effect until December 31, 1972, and shall have no force or effect after that date.

Sec. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health or safety within meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting such necessity are:

The number of students of the high schools and junior high schools of this state using drugs is increasing every day, and the dangers resulting from such increase grows more imminent. Therefore, to stem this danger and to maintain the health and safety of the citizens of this state it is essential that this act, which aims to rehabilitate such drug users, go into effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 553, as introduced, Wilson (H. & W.). High school students. Adds Chap. 1.5 (commencing with Sec. 10920), Div. 9, Ed.C.

Requires the Superintendent of Public Instruction to contract with any specified school district, which maintains high schools and junior high schools, to implement two-year pilot programs for rehabilitation of student drug users.

Requires such district, which enters into contract, to maintain specified drug rehabilitation clinics on a year-round basis, and enumerates clinic's functions.

Appropriates $125,000 from General Fund to Superintendent of Public Instruction for allocation to school districts authorized to conduct such program.

To become operative September 1, 1970, and to remain in effect until December 31, 1971.

To take effect immediately, urgency statute.

Vote—$\frac{2}{3}$; Appropriation—Yes; Sen. Fin.—Yes; W. & M.—Yes.

SENATE BILL No. 1010

Introduced by Senator Marks

April 2, 1970

REFERRED TO COMMITTEE ON EDUCATION

An act to add Article 5 (commencing with Section 8720) to Chapter 3 of Division 7 of the Education Code, relating to drug abuse education, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

The people of the State of California do enact as follows:

SECTION 1. Article 5 (commencing with Section 8720) is added to Chapter 3 of Division 7 of the Education Code, to read:

Article 5. Drug Abuse Education Act of 1970

8720. This article shall be known and may be cited as the Drug Abuse Education Act of 1970.

8721. The Department of Education shall develop a comprehensive statewide educational program to inform the students of elementary and secondary schools of the dangers involved in the use of narcotics and dangerous drugs and in the misuse and abuse of drugs and other dangerous substances. This program shall be coordinated with the efforts of the State Office of Narcotics and Drug Abuse Coordination.

8722. Pupils in the elementary and secondary schools of California shall be taught and be required to study courses that shall be included in the elementary and secondary school curriculum which include education regarding the dangers involved in the use and abuse of narcotics and dangerous drugs, and other drugs and dangerous substances. The program shall include the employment, by school districts, of specialists who will be able to contribute to the students understanding and comprehension of this problem.

8723. The Department of Education shall develop a statewide counseling program for those students who are endangered by the use and misuse of narcotics and dangerous drugs and substances. Standards prescribed by the State Board of Education shall be complied with by all school districts in the conduct of the program. In school districts where the problems arising from use and misuse of narcotics and dangerous drugs and substances are acute, as determined by the State Office of Narcotics and Drug Abuse Coordination, the department shall encourage the development of such additional local programs as will be of benefit to the community, to be coordinated with the state program established under this article.

8724. A program of counseling in coordination with the State Office of Narcotics and Drug Abuse Coordination shall be developed in all elementary and secondary schools to guide and assist those students who are endangered by the use and misuse of narcotics and dangerous drugs and other substances. Counselors shall be specialists in the field of narcotics and drug abuse having demonstrated experience and understanding of the drug abuse field, and shall meet other personal standards prescribed by the State Board of Education. No special credential shall be required for persons employed as counselors.

8725. The Department of Education, State Office of Narcotics and Drug Abuse Coordination, the Department of Public Health and other related governmental bodies shall cooperate in the conduct of the program provided for in this article, and state agencies may enter into interdepartmental contracts or other arrangements with the Department of Education for that purpose. The Department of Education may also enter into contracts and cooperative arrangements with institutions of higher education and private agencies for the purposes of implementing this article. The Department of Education shall endeavor to attain the maximum amount of federal assistance for the implementation of this article, and shall seek federal funds which may be available for those purposes under any applicable federal statute.

8726. The governing boards of school districts shall be encouraged to develop programs pursuant to the objectives of this article. Nothing in this article shall be construed as prohibiting a school district from conducting educational and counseling programs going beyond the scope of the programs provided for by this article, provided that applicable laws and rules and regulations of the State Board of Education are complied with.

8727. The State Board of Education shall establish a standard teaching credential with a specialization in the field of narcotics and drug abuse education and counseling.

It shall be the duty of the Trustees of the California State Colleges to establish in the state colleges appropriate courses of instruction to educate teachers and teacher trainees in the subject of the use and misuse of narcotics, dangerous drugs, and related substances, and to conduct, on a statewide basis, seminars, conferences, and workshops so that continuous training will be provided for those persons who wish to participate in the programs established under the provisions of this chapter.

8728. From moneys which may be appropriated therefor by the Legislature, the Superintendent of Public Instruction shall make grants to school districts which have established programs pursuant to this article. A grant shall completely reimburse the school district for the maintenance of a program that complies with the minimum state standards.

The Superintendent of Public Instruction shall make grants to school districts which have established supplemental programs that exceed established state standards. The amount granted to each school district in any fiscal year for supplemental programs shall not exceed 90 percent of the cost to the district of maintaining the supplemental program during the fiscal year.

The State Office of Narcotics and Drug Abuse shall have the authority to establish priorities for purposes of allotting available funds among eligible districts. The priorities shall be based upon the acuteness of the problems being dealt with by the districts under this article.

Sec. 2. There is hereby appropriated from the General Fund to the Department of Education the sum of -------- dollars ($--------) for the implementation of Article 5 (commencing with Section 8720) of Chapter 3 of Division 7 of the Education Code in the manner following:

(1) -------- dollars ($--------) for the establishment and administration of programs for the fiscal year 1970–1971.

(2) -------- dollars ($--------) to be allocated to school districts, of which -------- dollars ($--------) shall be allocated in the 1969–1970 fiscal year, and -------- dollars ($ --------) in the 1970–1971 fiscal year.

Sec. 3. This act is an urgency statute necessary for the immediate preservation of the public peace, health or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting such necessity are:

The use of narcotics and dangerous drugs and the misuse of other drugs and substances poses a serious threat to the youth of California. It is vital to the health and welfare of this state that a statewide educational program be initiated at the earliest possible date, and, where local school districts have recognized the need to implement programs pursuant to the purposes of this chapter, to ensure that state funds shall immediately be made available.

LEGISLATIVE COUNSEL'S DIGEST

SB 1010, as introduced, Marks (Ed.). Drug abuse education.

Adds Art. 5 (commencing with Section 8720), Ch. 3, Div. 7, Ed.C.

Enacts the Drug Abuse Education Act of 1970.

Provides for the creation of a statewide and local educational program in drug abuse for all elementary and secondary schools, a counseling program and prescribes state standards.

Appropriates $-------- for the implementation of this act.

To take effect immediately, urgency statute.

Vote—⅔; Appropriation—Yes; Fiscal Committee—Yes.

IDEAS CONCERNING THE ROLE OF FORMER DRUG USERS AND EX-NARCOTIC ADDICTS IN PROGRAMS OF REHABILITATION AND PREVENTION

Rehabilitation with an emphasis on providing a supportive environment would be a major feature of continuing and follow-up care for those who had been involved in drug abuse. Individual and family counseling (when practicable) would also be utilized. The objective would be to help the individual user regain and sustain a level of psychological stability, while getting him back on his feet physically as well, if need be. The emphasis would be on creating an environment in which concerned and trusted individuals were helping the user not only to get back on his feet but to get his head turned around and to begin to develop the inner resources which would forestall or negate the chance of any subsequent relapse of will power, curiosity, psychological addiction, whim or desire to take drugs again. Ideally this would amount to infusing the user with insight into ways of finding meaning and happiness in life without relying on mood altering drugs.

In order for a rehabilitation program to be successful and acceptable to the young user, other young persons who formerly used drugs or other persons who could inspire the trust and confidence of the user would need to be an integral part of the program. Such persons would ideally have at one time shared similar motives or have an appreciation of the user's motives.

It is important at times to differentiate between the ex-narcotic addict and the ex-drug user. While the utilization of the ex-narcotic addict may be of great apparent benefit to those persons who are themselves addicted and in need of rehabilitation, the use of an ex-narcotic addict in prevention and education programs can have certain untoward effects especially if the addict is not currently psychologically healthy and not capable of helping others or not motivated to help others. There can be serious drawbacks to gearing an educational and prevention program to ex-narcotic users or former drug users when they are not as yet fully rehabilitated themselves. There is every chance that some ex-users and addicts who are not fully rehabilitated themselves will negatively influence those who are young and impressionable. Another drawback is that the ex-narcotic addict needs to be able to positively motivate the non-user or the casual user if he is to help the one in need. The former user of narcotic drugs is apt to have experimented with drugs for a variety of motives which are not fully shared by non-narcotic users. The now healthy former user of non-narcotic drugs may therefore be able to relate to those users or potential users who do not identify with narcotic users.

In order for counseling or educational efforts to be most successful, young users or would-be users need to be confronted by those with whom they can most readily identify, be upleveled by and inspired by. In my experience, the person who was formerly addicted to narcotics has had little or no positive effect on those persons whose motivation for experimenting with marijuana and the hallucinogens is not related to escape, amotivation, failure, or any of the complex motives which have been a part of narcotic addiction in the past.

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RELATED STUDIES AND ARTICLES:

Cohen, Allan Y. (1968) Educational Strategies Related to Psychological and Social Dynamics of Hallucinogenic Drug Abuse. (Unpublished research report submitted to the Bureau of Drug Abuse Control - Department of Justice, Contract 67-25, June, 1968). This report includes a survey of drug attitudes and use among psychedelic users in the Haight-Ashbury district of San Francisco and the Telegraph Avenue area of Berkeley. It also includes an in-depth interview study of 14 high school users and ex-users and an empirical investigation of value changes in 40 LSD users. This is a very important study as it evaluates some innovative educational strategies in the field of drug abuse education, attitude and behavior change. One of the conclusions of the study is that the ex-user can play a vital role as educator, counselor and change-agent among teen-age users.

Cohen, Allan Y. (1969) Psychedelic Drugs and the Student. J. College Student Personnel, March 1969. Cohen sets forth some basic principles of drug abuse education. These include a sympathetic attitude, availability of credible information, and the dissemination of alternatives to drug use and experimentation.

Fox, Allan M. and Horman, Richard E. Drug Education Activities: An Innovation in Drug Awareness-Key Documents of LSD, Marijuana, and the Drug Culture, Avon Books, New York, 1970. This article is concerned with some basic workable strategies for changing attitudes towards drugs. It offers suggestions based on a research project undertaken at Temple University. Although there would seem to be a tendency for the authors to overgeneralize on the basis of their experiences in the field, this article does contain some interesting ideas and suggestions as to the best ways of implementing programs designed to discourage and deter drug experimentation.

Ungerleider, J. T. and Bowen, H. L. (1969) Drug Abuse and the Schools. Amer. J. of Psychiat. 125(12):1691-1697. This article is written by two men who have a wealth of personal experience in the field of drug abuse. They advocate in their article the development of open lines of communication regarding drugs. They also suggest an ombudsman approach to solving the drug problem in the schools. This article offers some very concrete and helpful suggestions concerning the implementation of viable programs of prevention and education.

Vogl, A. J. "Influencing kids against drugs-what works?" Medical Economics, Special Issue, April 20, 1970, pp. 124-134. (This issue is subtitled, "The Pursuit of High--a Report on our Drug Abuse Epidemic and What You Can Do About It." For copies of this issue, send requests to Medical Economics, Oradell, New Jersey 07649. $2.00 a copy.)

GROUP APPROACHES TO REHABILITATION AND GROWTH

Encounter groups, sensitivity training, and most such group approaches can be seen as being artificially contrived situations which can serve to nurture feelings of self-consciousness and self-centeredness rendering difficult if not impossible genuine and spontaneous expressions of warmth and humaneness. The combative spirit and the super-critical attitudes that too often dictate the behavior of those involved in such groups can be seen as having very negative effects on psychological health. The humaneness of authentically and naturally derived relationships (with ongoing personal responsiveness, commitment, responsibility and love is not obtainable through artificially induced experiences. In order for real personal growth to occur in an artificially structured situation, there must be a context that allows and nurtures genuine expression of human feelings in such a way as to have a positive, constructive and growth-oriented impact on those involved.

The process of nurturing human development is such that those who would help others in a lasting and personally important way--must themselves be "on top of things", be capable of inspiring others to become the best persons they can become. In order to do this the one who presumes to be capable of guiding others has to have a real strength of character himself. He must exemplify maturity and healthiness in his own life. More than that he must have a deep desire to help others. He must have the capacity to exercise subtlety in trying to assist others to grow. When such subtlety is lacking, encounter group techniques are apt to have some serious negative repercussions in the lives of those involved.

The ideal goal of those who work with groups is to help those participating gain greater meaning and understanding, an enhanced capacity to cope, and a deepened awareness of the needs and feelings of others.

"Awareness" training, encounter groups, etc., can be viewed as being crash programs designed to achieve openness and honesty in human relationships. While the goal is noble, the actual results fall far short of the mark, that of learning to live more meaningfully and learning how to reach out to others in a responsible and caring, committed way. To direct any therapeutic or helpful endeavor along such lines requires thoughtfulness and subtlety and a wisdom regarding human nature which must be a part of the group leader's or guide's make-up.

The arbitrary venting of deeply felt emotions, deep confusions, the effective attacking of other's personalities and values, the tireless examination of motives and actions, can result in a tremendous waste of energy, be more destructive of personal standards and convictions than constructive, and also result in real scars for those who are sensitive and vulnerable, impressionable. Real, permanent help is best given--real growth is best nurtured when real values are imparted, when a deepened understanding of life is imparted and when the qualities of the heart are expanded.

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RELATED READING:

Bandura, Albert (1967) Behavioral Psychotherapy. Scientific American, March 1967.
"It has been widely assumed that either witnessing or participating in aggressive behavior serves to reduce, at least temporarily, the incidence of such behavior. The overall evidence from studies conducted in our laboratory and elsewhere strongly indicates that psychotherapies employing these conventional "cathartic" procedures may actually be increasing aggressive tendencies rather than reducing them. In contrast, therapy based on social-learning principles concentrates at the outset on developing constructive alternative modes of behavior."

Glasser William (1965) Reality Therapy: A New Approach to Psychiatry. Harper and Row, New York.

Pretzel, Paul W., (1970) "An Introduction to Crisis Counseling: Making the Best Use of the 'Dangerous Opportunity'" Reprint from Research and Pupil Personnel Services Newsletter, Published by Los Angeles County Superintendent of Schools Office. For reprints write to Centinela Valley Union High School District, Office of Narcotic Education Resources, Rick Berman, Director, 4455 West 126th Street, Hawthorne, California 90250.

Rogers, Carl R.; Stevens, Barry; Gendlin, Eugene T.; Shlien, John M., and Van Dusen, Wilson (1967) Person to Person: The Problem of Being Human. Real People Press, 939 Carol Lane, Lafayette, California 94549. Price $3.00.

NEEDED CHANGES IN EDUCATION

The most important thing that needs to be done to improve education is to make it more responsive to basic human needs. The educational experience must be both relevant and stimulating. When it fails to be meaningful, stimulating, and relevant to the problems and life experiences of the child, the child becomes bored, dissatisfied, and may be seriously handicapped emotionally and spiritually as a result.

Contemporary emphasis in education has tended to be upon information and a limited form of critical analysis. What has been missing is an actual emphasis on meaningfully assimilating and using such information in daily living and developing goals, values, and ideals which would give a basis for living a meaningful and happy life. Young people are being saturated with information which keeps them from meaningfully becoming involved in the real process of living.

Young people need direction and guidance. Answers to very basic questions are being sought and not being found. These questions concern the meaning of life, the significance of actions, the reasons for being discriminating in what one does, the relevance of a moral life, the ways of finding inner peace and self understanding, the place of happiness, humor and love.

There seems to be a tendency today for educators, parents, and adults in general to shy away from taking definite personal stands, from stating personal opinions as to what they feel, what they have learned from their own experience to be true. Such evasive tendencies may be seen as being related to an inner uncertainty as to what is right or true. The trend would seem to be towards a "hands off" policy, of giving youth the facts they presumably need, presenting them with a value neutral view of alternatives and turning them loose to make their own choices and mistakes.

Persons, be they teachers, parents, or other adults do not develop expertise overnight in giving moral guidance, especially when they may be uncertain as to what their own deepest convictions are. Educational programs which do not have an ethical basis do youth a definite disservice, and it would seem that educational programs today have tended to become more and more devoid of an ethical perspective. The educator is duty-bound to guide his students in the direction of the wisest possible choices. The educator can fulfill an important role by guiding his students in the direction of the highest values and ideals that he himself perceives. It is essential that education renew its focus upon the understanding and inculcation and awakening of ideals and goals. It is also essential that the lives of exemplary individuals and exemplary societies and civilizations, both Eastern and Western, be studied with such objectives in mind. Young people are looking for direction and purpose and the prescripts that they receive today appear to be having little or no positive impact upon their lives.

Techniques of critical analysis have made students all the more inclined to take apart and find fault with things rather than to approach problems and situations in constructive and creative ways. The educational process has failed if the young person leaves secondary school unable to cope in a constructive way with the day-to-day problems he is certain to face. The educational process has failed if the young person is left without a sense of direction and some basic personal values by which he can guide his life.

Ideally the educational process should play a key role in the child's spiritual, emotional, and characterological development. Ideally the educational experience should help to inculcate a young person with an attitude of caring, caring about what happens to himself and about what happens to others. At present the educational experience, as well as the home experience too often fails to stir and nurture these most natural and intrinsic human attributes and feelings. Human needs and aspirations seem to be bypassed in all arenas.

If children are to be rendered "drug proof", higher goals and values must be internalized in them.

Educators can play a key role in helping young people to develop goals and values, a sense of direction, a capacity for meeting problems, solving them and finding a sense of inner satisfaction in life. The more humor and love and care and simple respect for their students that teachers bring to their daily endeavors, the more human will the educational process become. Real interest is contagious, so are happiness, hopefulness, trust, humor, love, and an attitude of caring. If these attributes become a manifest part of the teacher's life, the child will begin to naturally acquire some of the same attitudes and attributes. The need is to become more aware of basic human needs and to seek ways of becoming happier and healthier individuals while helping others find a sense of happiness, inner fulfillment, and meaning in life.

The drug problem is but one symptom of a deeply rooted discontentment. When life itself is not valued, then health itself will very likely also be disregarded. Health education can stress the merits of "not hurting"; it can help to inculcate people with deeper regard for health. It can also help by instructing them in ways of exercising safeguards and being discriminating as far as what they do to their minds and bodies. But it would seem most unlikely that health education alone can provide the motive force needed for young people to find themselves and to begin to build in values and to discover meaning in living.

A way of implementing needed changes. In-service teacher programs would be one possible way of implementing the changes in attitudes and objectives which have been discussed above. These in-service training programs could be implemented by using consultants whose task it would be to promote a fundamental change in attitudes which currently seem to be having so little positive impact on the lives of young people.

Another most effective way of helping to change attitudes and stimulate thinking in innovative and creative directions is to utilize young persons in schools as part of a program to awaken higher aspiration in students younger than themselves. Efforts which have seemed effective have involved young persons (usually college age or slightly older) who have surmounted problems currently confronting persons younger than themselves. The experiences and insights they can share with students can be a means for providing some of the most significant educational experiences imaginable. It is essential that young persons who would be called upon to take part in school assemblies, classes, group or individual counseling--would have high ideals and would be capable of inspiring others to a richer and more meaningful life.

Similarly persons could be brought into classes and brought before student assemblies, who would exemplify admirable qualities which would also serve as a source of inspiration for the young person. The real world can be brought into the class room and it is possible to help prepare the young for the day they are on their own in the real world. This must become a primary objective of education.

Individuals who are knowledgeable concerning current attitudes and sentiments of youth and also able to understand the problems and perspectives of the adult generation can best act as consultants, organizers, in-service trainers in the community and in the schools.

Such persons can act as bridges between the younger and the older generations. Their major objective can be to help alleviate the problems giving rise to drug abuse and to help implement action programs which are designed to attack underlying causes. They can also help agencies currently handling drug-related problems in developing viable policies and programs which would serve the best interests of those caught up in drug abuse.

Essentially what is needed is persons who are qualified to act as consultants, community organizers, in-service trainers--to work within communities in an effort to deepen community-wide understanding of the problems underlying drug abuse and to stimulate the community and particularly the schools to work to address the needs which are currently being overlooked.

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RECOMMENDED READING:

Education Now for Tomorrow's World, published September 1968 and available from the California Association of Secondary School Administrators, (CASSA) 1550 Rollins Road, Burlingame, California 94010.

Maslow, Abraham H., Eupsychian Management: A Journal, Homewood, Illinois, Irwin-Dorsey Press, 1965, p. 65. "The trouble with education today, as with so many other American institutions, is that nobody is quite sure of what the goals and the ultimate ends of education are. Once the goals of democratic education are clearly set forth, then all the means questions will settle themselves overnight. Here we must be very bold; the goals of democratic education, once we leave aside the question of technological training, can be nothing else but development toward psychological health. That is, education must be eupsychian or else it is not democratic."

Scriven, Michael, (1969) "Education for Survival" in The Ideal School, Gloria Kinney, ed. Kagg Press. pp. 33-79.

AN ACROSS-THE-BOARD CHANGE IN GRADING SYSTEMS

Changing the grading systems in schools across the country could have a very positive effect in helping to lessen the use of drugs by youth. My basis for making such an assertion has to do with what I see as being in certain cases a causal-effect relationship between 1) using drugs and becoming entrenched in what I call a failure syndrome or 2) the reverse - becoming entrenched in a failure syndrome and using drugs. (Even the most casual investigation will reveal that there are significant numbers of cases where the use of drugs has obviously been responsible for a drop in grades. This could easily be accounted for by the negative effects that drugs can have on motor functioning and motivation. Similarly, investigation will also show that a significant number of low achieving students have turned to drug use as a means of attaining status or as a way of making up for other perceived deficits in their lives.)

The reason a change in grading is so especially crucial in helping to solve the drug problem, is that success in turning a young person off drugs is very much dependent upon motivating him to change his life. When he finds after maybe a year or two of using drugs, that drugs are not where it's at after all, he also finds that his transcript is somewhat lacking as well. The record that he has acquired can make him feel quite hopeless, like being stuck at the bottom of a well with no prospect of getting out. If he decides he wants to go to college, he may feel that there is absolutely no way--however hard he might work--for him to make up his grades. If he only wants to finish high school, he may find the same trouble in raising his average enough to graduate.

Under the system of grading that I would recommend (based on the ideas of William Glasser and others), transcripts would exclude any record of failure. Instead the course title and the failing grade would not appear on the transcript. It would be as if the student had not taken the course in the first place. The student could then repeat the course until he did pass it without the stigma of failure hanging over his head. (Unit requirements for graduation would still be retained by schools.)

A change in the grading system would allow a young person to extricate himself from a temporary or not so temporary rut. The possibility of such extrication may appear to be totally nonexistent to the youth who is today branded as a failure.

By taking the threat and the stigma of failing grades out of education, a great source of anxiety and guilt would be removed from a young person's life. I would argue that today's young person has fully enough anxiety to deal with without having his burdens compounded needlessly by a convention of assigning failing grades.

In general then I see a change in grading as being a means to vastly increasing a young person's mobility out of a failure syndrome as well as a means of removing one of the underlying causes that may have landed him there in the first place. It is also important because a young person's desire to achieve would then no longer be based in a fear of failure as it may be seen to be at present.

If a young person is to develop healthier and more hopeful attitudes, it is altogether crucial that he see his way clear to change his life and to move on. Too many young persons seem to believe that they have burnt the bridges which would have made it possible for them to move on, and believing this they may decide instead to become more deeply entrenched in the only way of life they perceive is open to them. A change in the grading system could be a simple way of helping this perception change.

Such a change in grading systems would not do away with the notion of failure altogether. It would simply make a sense failure dependent upon internally established criteria rather than externally imposed ones. In this way also, self development and growth would be nurtured, rather than thwarted as they often are under present systems.

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RECOMMENDED READING:

Cohen, Allan Y. (1970) "Open Letter to Policy Makers." Compact 4(3):16-17, June 1970. Compact is published by the Education Commission of the States, 822 Lincoln Tower Building, 1869 Lincoln Street, Denver, Colorado 80203. (This issue is devoted to the topic "Drugs in the Schools". Copies cost $1.00.) Dr. Cohen recommends that grades be abolished in subject matter areas like physical education, art, music, industrial arts, home economics, and drama, as he feels that "there is no single good reason why young people should be subjected to external achievement pressures" in these areas.

Glasser, William (1969) Schools Without Failure. Harper and Row, New York. Also write Dr. Glasser at the Stone Foundation, The Educator Training Center, 2140 West Olympic Blvd., Los Angeles, California 90006, for further information about educator training programs.

committee for

psychedelic drug information

p.o. box 851
berkeley, california 94701

AN APPROACH TO SOLVING THE DRUG PROBLEM

Drug abuse is one of the major problems confronting the nation today. There has been a particularly alarming rise in the incidence of drug abuse among young people. The major drugs currently used by them are pills, pot and psychedelics with an increase in the use of methamphetamine and hard narcotics such as heroin and cocaine.

Education, effective education, is the answer, but educational strategies have generally been either lacking or ineffective. There is now a growing body of evidence that a most effective educational strategy is that which utilizes former drug users whose proximity in age and experience makes what they say highly credible to many of today's alienated youth.

The educational problems which have generally failed to yield to traditional approaches are:

a. Young people do not think that the drugs they are using are harmful,
b. or, knowing that the drug they use are harmful, they do not care about the harmfulness.
c. Those who are skeptical about the harmful effects of drugs have a tendency to disbelieve almost all literature or sources which state that drugs are harmful, and,
d. Young people are not provided with alternatives to drug use which are meaningful to them.

The purpose of this Committee is to provide a solution to these problems. To this end this Committee sends speakers to schools and colleges who provide credible and honest information on the subject of drugs. These speakers through sharing experience steer others along more constructive and rewarding paths. The Committee has also provided speakers for civic organizations, church groups, mass media, etc. Committee speakers are in an ideal position to communicate with young people since most members are well under 30 and are themselves former users of pot and psychedelic drugs. The current membership of the Committee is around 50.

Committee members have worked voluntarily for several years talking before students, participating in discussions with students, counseling parents and concerned friends of young users and students, consulting with teachers and school administrators, appearing on mass media and before governmental bodies concerned with solutions to the problems confronting youth today.

The Committee has also directed its efforts at providing printed materials for youth as well as educators and researchers and others concerned with the drug abuse problem. In order to receive copies of these materials, please send a large self-addressed stamped envelope to the Committee. Your dollar contributions are essential to the expansion of the Committee's work. Thank you!

The Committee is a non-profit, tax-exempt organization.

A PROPOSED DRUG ABUSE PROGRAM FOR HIGH SCHOOLS

The present methods of dealing with the drug abuse problem in the schools appear to be largely ineffectual. There is a growing need for effective programs designed to meet the growing problem of drug abuse. Such programs should make effective use of available student and community resources.

One suggested action program for schools is the following: Any student found under the influence or in possession of dangerous drugs or narcotics at school, or if possible, in the community, would be required to attend a series of weekly or bi-monthly, etc. discussion sessions. A student found pushing or supplying these drugs to others should also attend such sessions, but should in addition be reported to the local authorities. No student should be suspended or expelled as this would merely act to deepen the resentment and further the alienation of those involved in the heavy use of drugs. (The student could be temporarily removed from the school if other facilities were available which could help in rehabilitating him.) If a parent knows that his son or daughter is using drugs he may request that his child be a part of the drug abuse program, on the understanding that there will be no punitive or legal reprisals. Students may also volunteer for the program on their own.

The students would attend a series of discussion groups. These could be held after school for one and a half to two hours. The leaders of the discussion groups could be volunteer or paid ex-drug users from the local colleges, or local social work professionals, school counselors, or other qualified persons. The size of the discussion group would ideally be limited to around ten persons. Very small peer groups of three or four would be the ideal. Those doing the group counseling would have been trained for their work by qualified trainers. Those doing group counseling would also need to be psychologically and emotionally stable so that they would be capable of influencing students along positive and constructive lines.

Help in developing a re-educational program for drug users might be obtained from groups such as the Committee for Psychedelic Drug Information (Berkeley, California), D.A.W.N. (Los Angeles) and from specially qualified consultants in the field of counseling those involved in drug abuse.

A major objective of the discussion groups or small group counseling would be to uncover the causes which led a person to experiment in the first place and to encourage and promote alternative approaches to living which do not jeopardize the individual's health and happiness, but rather enhance them. To be successful the group leader must have a genuine concern for those in his group. He must also be capable of motivating them in a growth-oriented direction.

Adapted from a paper by Connie Empke

A BUDGET PROPOSAL FOR A PROGRAM NOW IN OPERATION IN A SAN FRANCISCO BAY AREA HIGH SCHOOL

"This past year...the Dean of Girls had been working with the Committee for Psychedelic Drug Information, Berkeley, California. This group has contributed many counseling hours voluntarily. We feel that the counseling and guidance they offered has been most beneficial to our students, and we would like to continue working with this group on a regularly-scheduled basis.

The following is a plan of operation for the school year 1969-1970:

1. In the month of October, 1969, 5 counselors (referred by the Committee) will talk to all physical education classes in small groups for one period. In order to accomplish this, we would need the 5 counselors for 6 hours for the girls' and 6 hours for the boys' physical education classes. At $7.50 per hour for each counselor, this would cost $450.00.

2. For the remainder of the school year--November, 1969 to May 1970--we would like to have 2 counselors visit for 12 hours each per month for intensive small group counseling. They would be available each day on campus to work with the deans, members of the science and physical education departments, as well as to conduct intensive small group counseling with known drug users.

3. We would also like to establish a library containing books, pamphlets, and magazines dealing with problems of drugs and drug addiction. The estimated amount of money necessary for purchasing individual copies of books and class sets would be $400.00.

4. Rental of films during the course of the year would be $150.00.

5. Total budget for the program would be:

5.1-5 counselors, 12 hours, @ $7.50 per hour	$450.00
5.2-2 counselors, 168 hours, @ $7.50 per hour	1260.00
5.3-Library Fund	400.00
5.4-Rental of Films	150.00
Total	$2260.00

We feel that this program would provide our campus with an individualized and continuous program with the necessary flexibility to accommodate special problems as they arise."

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NOTE: The utilization of non-credentialed personnel as counselors, tutors, etc., is made possible by requiring permission slips of the parents of those students taking part in the counseling programs. The permission slip used by the high school above read as follows:

"I give my permission for ———————— to participate in the drug abuse prevention counseling sessions on a voluntary basis if my son/daughter requests this service.

Signature of parent or guardian"

For a copy of a questionnaire designed to assess the qualitative changes in attitudes and behaviors of students involved in drug counseling programs, write to PAULA GORDON, COMMITTEE FOR PSYCHEDELIC DRUG INFORMATION, P. O. BOX 851, BERKELEY, CALIFORNIA 94701.

SOME OBSERVATIONS CONCERNING A DRUG ABUSE PROGRAM CURRENTLY IN OPERATION IN A SAN FRANCISCO BAY AREA HIGH SCHOOL

Generally speaking the primary objective of any drug prevention/rehabilitation program should be to bring about--in the entire school community--a climate of knowledge and awareness, that makes the serious questioning of the use of drugs--for whatever reasons except under medical supervision--a very natural occurrence. There eventually, habituation (let alone addiction) will become unappealing and even unfashionable.

Much as the growing awareness regarding Pollution/Ecology brings many to question the treatment of the environment, so the school community and the community at large must be brought to the similar questioning of drug abuse. This has begun to happen in numerous communities and schools. An example of a good drug-abuse program is one which is underway at a San Francisco Bay Area High School by means of which students are alerted to the realities of their own psychological and physiological health status and much more. Through the use of well trained and experienced ex- drug users, a program that is quite promising in its effectiveness has gotten underway. The program concentrates on rehabilitating the hard-core user as well as on educating the potential user.

Although the program got off to a slow start due to misconceptions as to what the program was to be and due also to a lack of early coordination, it is now effecting a major climate change in the school. The program has been successful in penetrating into the drug core strata of the school community. The deployment, in counseling and in class programs, of ex-drug users is beginning to experience a general success of contact and acceptance by those students most in need of such contact. There is an acceptance shown in the credibility of the ex-users message. The hopes of behavioral change are seriously being entertained with necessary shifts in approach and strategy. Counseling sessions on an individual basis have borne witness to the beginning of attitude changes toward drug use. The consideration of alternative and natural life-styles becomes suggestible and relevant. The ex-user as a living example of a chance to survive is of course paramount. Here I should mention the reciprocal relationship between the non-using student and the user in the by-play of classroom discussions and talks led by the ex-user. This would be an example as to how the work in the rehbilitation area has its effect in the prevention realm.

Dialogue with "heads" (inveterate users - 2 to 3 years) during a classroom presentation usually alarms and forearms prospective users with strong impressions of a negative sort. The counselor during his talk to a class will maneuver into a deep "drugee" type discussion with a user (generally speaking about the hazards of his own experience, and sharing the experiences of the student user, etc.) who forgets almost that he is in the classroom or even that a teacher is present; but the important point--aside from the fact that all the user's concepts have been acceptably and meaningfully challenged--is the witness of the non-user, the potential user to the very dramatic presentation (live) of a very aberrant , confused and often bizarre life-style. The ex-using counselor is often able to bring out forcefully as well as subtlely the very deleterious nature of the common drugs misused or used at all.

The ex-users' disassociation from the Establishment (at the school, not per se..) including and especially the police, allows him a latitude unavailable to anyone in the community; from this base of security he is able to talk the credible language of experience. There is not time for an in-depth report here, but a brief summary follows: The program is in a very rapid and expansive stage; the contacts with students grow each day, with an original few as the core. It has become so that our very presence forces the drug culture into a confrontation with itself.

We are thinking very creatively now with regard to the forms the program should take. We have recommendations regarding education of the staff (although this has been taking place on an informal basis) and ideas regarding open-air conferences by specially chosen groups of students; we are thinking in terms of student-made drug films for the entire school as well as staff. We have notions regarding the "kicking off" of the program for a new term; these ideas have grown out of informal park conferences with groups of students and individuals, out of a lunch film discussion idea, and the contacts made in Girls' and Boys' Physical Education classes.

These ideas are the beginnings of viable alternatives to drug use and addiction--beginning close to home--and essentially within the budget the school has to work with.

Of course, at this stage, it is impossible to ascertain the degree of success in obtaining our behavioral objectives. However, at this point all three counselors are optimistic!

We are meeting the kids in as many environments as possible (in the class, the halls, the park, etc.) We see them individually, in class and in groups; each mode has its advantages and disadvantages; but, we seem to be covering the necessary ground.

No energy has been wasted; the general feeling among ex-drug using counselors is that the drug tide will subside carrying some casualities with it; but while it's at its flood the rescue work is most surely needed.

Phil Phillips
Bill Donahey
Marty Lewis

April 1970

RECOMMENDED READING:

Vogl, A. J., "Influencing kids against drugs - what work? " Medical Economics, Special Issue, April 20, 1970, pp. 124-134. For copies of this issue, send requests to Medical Economics, Oradell, New Jersey 07649. $2.00 a copy.

A COMPREHENSIVE COMMUNITY-BASED DRUG ABUSE PROGRAM

ALTERNATIVES

Valley Drug Abuse Program
2089 Fourth Street, Livermore California
(415) 447-1790 Bill Charlton, Director

WHAT IS "ALTERNATIVES?"

A Valley-wide effort to coordinate services and create programs that will effect drug abuse patterns among youth. There are three major areas of concern.

1) Crisis Intervention and direct services to drug abusers.

2) Prevention Programs

3) Related Community services effecting youth

WHAT IS CRISIS INTERVENTION AND THE DIRECT SERVICES TO DRUG ABUSERS?

The Inter-Church Counseling Service (I.C.C.S.) has received a grant from the State Department of Mental Hygiene to develop concrete services for Drug Abuse in the Valley. Many organizations and volunteers are prepared to do the following:

a) 24-HOUR EMERGENCY "HOT LINE" for information and referral. In Dublin an independent group has established 828-4357 as an emergency resource. In Pleasanton-Livermore, Connection 443-2123 will offer Drug Abuse referral in addition to other emergency aid.

b) A DAY AND EVENING RAP CENTER (OUTPOST) as a contact point for Drug Abusers seeking help in emergency situations or seeking to move out of the Drug scene. The YMCA will provide space for volunteer and professionally lead groups.

1) HEADS ANONYMOUS: A local organization for users seeking information and problem solving help in discovering alternatives to Drug Abuse. Group sessions will meet regularly. Presently there are three such groups. Referral to other agencies will be direct and personal.

2) MEDICAL ASSISTANCE: A volunteer task force of Doctors and Nurses especially trained to assist in emergency situations and follow-up once medically released.

3) LEGAL ASSISTANCE: A volunteer task force of Lawyers, Probation Officers and Police who can advise youth and adults on Drug Abuse

situations.

4) JOB ASSISTANCE: A volunteer task force of persons who can assist users through job placement opportunities. The Junior Women's Club of Livermore is coordinating this project.

5) HOUSING ASSISTANCE: A volunteer task force which will set about to provide emergency housing and other supports for those seeking to move our of Drug Abuse.

c) STREET WORKERS: A mobile team of professionsal and ex-users will be employed to circulate freely with the street people to locate individuals verging on serious trouble and encourage them to attend "HEADS ANONYMOUS" group on Monday evenings.

WHAT ARE PREVENTION PROGRAMS?

1. Prevention Via Education and Orientation:

   a) School Programs: We plan to train and act as consultants to Drug Abuse. Our approach is to meet with teachers, counselors and administrators to interpret the drug situation and possible approaches in the school which can be modified and applied in the classroom with the results discussed in later training sessions.
   b) Speakers' Panel: We have speakers and other resources available to community groups, neighborhood groups and parent groups.
   c) Parents' Group: A group for concerned parents who have some family experience connected to Drug Abuse. The participants can serve as resources to other groups upon request.
   d) Adult Education: Via special course of study in the evening Adult School, mass media presentations, articles in local newspapers, etc.

2. Prevention Via Student "RAP" Groups:

One of the most effective means to prevent illegal activities is to offer ways for youth to increase role status legally. A "RAP" group is an informal group discussion which allows youth to clarify feelings and attitudes among their peers and to plan action which enriches their style of life. These groups will grow out of YMCA and school and church sponsorship. Presently there are 6-12 in process.

WHAT ARE RELATED COMMUNITY SERVICES?

Several community services can have a great effect on creating alternatives for youth to drug abuse. We plan to develop four community groups, two of which are already functioning with others to follow.

1. Educational Group: To study the relation of drug abuse to the school situation and to plan alternative approaches to drug related problems as well as to seek change at the root level which might eliminate some of the reasons for Drug Abuse. (Presently functioning)

2. Recreation Group: Seeking ways to expand recreational opportunities after

school and evenings by a coordination of services....YMCA, Schools, Recreation Department, etc. (Presently functioning)

3. Policy Relations Groups: Bringing together public and private agencies in a coordinated effort to serve young people involved in drug abuse to seek better cooperation and planning....better treatment and follow through on individual cases. To suggest policy changes to police, hospital and public agencies so that the valley residents get better treatment and follow-up.

4. Employment Group: Seeking full and part-time employment programs for youth, including some youth business ventures. Junior Women's League is coordinating this aspect.

WHO IS BEHIND THE PROGRAM?:

A steering committee representing as wide a diversity of leadership as possible acts as program coordinators. All organizations seeking to assist in the valley effort are encouraged to send representatives. The Inter-Church Counseling has received funds from the Amador Joint School District and the California Department of Mental Hygiene and acts as the fiscal agent for funds and evaluation of the program.

VOLUNTEERS ARE NEEDED - YOU CAN HELP!

Many of the organizations contributing efforts have need for additional volunteers:

1) To offer temporary housing.
2) To serve as volunteer youth group leaders or offer your home for meetings.
3) To serve on Connection "HOT LINE".
4) To offer part time or full time employment opportunities.
5) To serve within professional role - as Doctor, Lawyer, etc., and many, many more.

TRAINING PROGRAMS:

Often very capable persons fail to volunteer because they feel that they are not "qualified" to do a job. "Alternatives" offers several training opportunities.

1) "RAP" Leadership Training: An opportunity to learn how to lead your discussions groups by participation. Placement for in-service training with more experienced leaders provided. The relation of "RAP" groups to prevention of Drug Abuse is discussed.

2) CONNECTION offers training for volunteers for the 24-hour phone service.

Bill Charlton - June, 1970

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Of Related Interest -

National Institute of Mental Health pamphlet "Private Funds for Mental Health", Public Health Service Publication No. 1985. U. S. Government Printing Office, Washington, D. C. 20402. 25¢ a copy.

A GUIDE TO COUNSELING YOUTH WHO ARE INVOLVED WITH DRUGS:

Informal Tips for Para-Professionals

This model counseling program is based on the idea that schools have three functions pertinent to drug use: therapy, prevention, and the development of the student as a whole human being. In condensed outline, the four governing principles are:

- A sympathetic attitude, which includes self-education on the part of teachers, counselors, administrators
- Information, which means offering a solid library on psychedelics to provide data on the psychological, physiological, and spiritual effects of drug use, plus laws pertaining to drug use
- Bringing in expert sources, including ex-users, to support or expand written materials
- And encouraging the alternatives which point students to non-chemical ways of finding increased consciousness.

In a counseling situation the development of personal rapport is most important. If you don't get a good relationship going, you can't go anywhere. Good relationships begin by accepting the other person as a human being, first and foremost--non-judgmentally, at the outset. Make the person comfortable by "chitchatting." Keep in mind that it is not what you say that is of major importance, but rather how the person feels about you.

During the beginning interview get down to the basics by asking such questions as:

"Where are you living?"
"Who are you living with?"
"How do you spend your time?"

You may find, especially for non-students, that a great deal of counseling time needs to be spent on helping the client solve problems in these critical areas. Stability in life situations is often a prerequisite to objective self-examination.

Focus on one thing by narrowing down "extended rap" to definable problems. Be interested in the problem area. Be receptive. Project the idea, "I would like to learn about you and the areas which give you problems." Tailor your conversation to the individual. Be relaxed. Look for the cause. Ask yourself and the user-why? Why has he been turning on? Avoid telling the user that his behavior has to be changed, but rather allow him to come to this conclusion on his own. Ultimately, the goal of the counseling session is to help the person come to the conclusion that his behavior patterns should be changed. When it is necessary to take a person deeper into the area of inquiry, you might use non-directive counseling--form a question from what has just been said--"I can't be open with my parents." (response) "You can't be open with your parents?"

You will find that people very much enjoy talking about themselves and their experiences. View yourself as a listener or researcher; not as a person who gives advice or help. Drug counselors may not have the necessary training for the psychotherapist's role so avoid becoming overly involved in the psychological hang-ups of the individual. When necessary refer the person to a clinic, therapist, or other professional. Sometimes an individual who is in need of professional help will resist it, and, henceforth, a foundation must be laid before a referral can be made.

Be prepared to present drug effects to the user. Eventually, the most effective device in changing attitudes and behavior involves offering credible information on drug effects. With a growing number of kids, the psychic, occult, and spiritual aspects are particularly important.

Withhold the experience of your bias about drugs until you feel the user can accept it without feeling personally threatened or criticized. The user has built strong personal rationalizations about drug use and, if confronted directly too early in the process, may react with hostility instead of thought.

Personalize the basic information. After the outside data on effects has been presented for consideration, point out some undesirable effects of drugs within the student's own life. Stay carefully within the value system of the individual. Point out that drugs are a hindrance to a person's "thing"--whether it be revolution, straightness, or religion--drugs don't make a person a better revolutionary or a better hippie. Don't criticize the general issue of drug use, but stress the fact that drugs have a detrimental effect on almost any sort of sincere motivation. In the best circumstances, the user will have volunteered some of these personal insights before you do.

Offer the user a direction to the future. Interject the notion that it will get better. Don't try to convince the person that his or her past drug experiences were bad, but focus on future-oriented questions:

"What will happen in the future if you continue to use drugs?"
"When would be the point at which you would turn-off from drugs?"
"Define the exact circumstances (physical, mental, and emotional) in which you would decide to stop taking drugs."
"Do you know anyone who has used drugs for a long time and is still 'together?'"

Introduce alternatives. At some point in the conversation, depending upon the user's history and orientation, bring up the matter of alternative routes toward his prized goals. Sometimes, you can suggest something "in addition" to drugs if a student seems particularly attached to chemicals--betting that the something else will replace drug preference. With the more receptive user, "instead of" is more appropriate. Many times, the constructive alternative is the most persuasive answer to the drug problem.

When dealing with the "once-a-month" drug user point out that this behavior indicates an attitude of acceptance of drug use and this attitude is projected to others--especially children. Also point out that the person is placing himself on the side of chemical dependence--"Is it really worth your enjoyment to be chemically dependent?"

When dealing with the highly enthusiastic drug user suggest that the user watch for side effects in the future, some of which might be:

(1) problems in concentrating
(2) a failing memory
(3) decrease in mathematical ability
(4) creeping paranoia, feelings of persecution, or thinking that certain people or institutions are getting more hostile to you
(5) exaggerated feelings of self-confidence or growing underlying feelings of inferiority
(6) passivity, loss of energy and lack of desire to do things except "lie back and groove"
(7) difficulty in speech, feeling you can't get thoughts into words
(8) increasing hang-ups in close relationships, especially with parents and those of the opposite sex
(9) greater impulsiveness, flying off the handle easily
(10) feelings of the futility of life and hopelessness about your own future, and
(11) a total denial on your part that drugs might be harmful for you.

This list of symptoms is quite helpful in regard to a drug user of any degree--it can help the user to see that the danger line has been crossed.

When encountering the real "down-and-outers" that feel they don't have any hope in the material world, help the user to see that success is not necessarily external. Suggest that the goal is to work on himself. Give hope for the future. Help the user to see that he has a lot of time to work on himself, and ask him to wait, like six months, and then see how he feels.

Know your own limits, both as a persuader and in time spent. When possible, refer the person to other people--preferably friends in his own age group, especially friends who have rejected the drug scene after going through it. But any good person who is willing to listen, be another sympathetic ear, is often a helpful referral.

Do not presume failure. Presume that the interaction has been positive. Even in cases when it seems as though the counselor has been ineffective, often there is something within the other person that listens to truth, senses what is real and rejects negative illusions. It's never harmful to plant the seed of change. Nor is it wise to end a conversation about drug use just because the user seems not to hear. He hears.

Based on comments by Allan Y. Cohen, Ph.D. -
Summary by Jack Benson

IDEAS REGARDING THE SELECTION AND USE OF MATERIALS AND MEDIA IN DRUG ABUSE PROGRAMS

In augmenting any program of drug abuse education with visual aids or written materials, it is essential that those in charge of implementing programs be aware of the intrinsic limitations of such aids. So much of the success of any effort in the area of drug abuse education depends not only upon the manner in which material is presented, but also upon the credibility and respectability of the persons involved in the presentation. To merely show a film and not follow it up with what could be called a "growth-oriented" discussion is to be operating on the naive assumption that the student is getting the message you want him to get from the film. Ideally there should be both preparation and follow-up. In many cases films may serve to enforce undesirable behavior patterns or give rise to such behavior.

Ideally the aids used should be chosen with the intended audience in mind. Such factors as the sophistication and maturity of the audience should be taken into consideration.

Those involved in the production of audio/visual aids would do well to incorporate in their productions persons exemplifying genuine and healthy human behavior. In this way youth especially would be exposed to some positive and believable examples of what healthy persons and human relationships look like.

Many efforts in drug abuse education have been predicated on the assumption that youth are either involved in the use of drugs or bent on becoming involved. Such an assumption can act as a self-fulfilling prophecy. It is imperative to keep in mind that there are many youth whose chief concern is for the welfare of their friends and for others they know who are getting further and further out using drugs. Assuming the best of a person, no matter what his age, can also act as a stimulus for him to live up to those expectations.

Media and material in themselves will not and cannot finally solve the drug problem. What is needed more than anything is the humanization of the environment in which the young person, particularly, finds himself. One of the major reasons for alienation among so many youth today is that they are fed up with artificial ways of relating. What many are craving is authentic human relationships in which they as individuals are respected and accepted and responded to in a personal rather than an impersonal way. Media has its role, but without the human element and a genuine attitude of caring, little of lasting consequence can be expected.

SUGGESTIONS FOR AN IN-SERVICE TRAINING PROGRAM FOR TEACHERS AND OTHER SCHOOL PERSONNEL

TOPIC: The Drug Abuse Problem

MEETINGS: Four sessions, two to three hours in duration held monthly or bi-monthly. The first part of each session would be for the presentation of new material; the last part would be for discussion. (With a number of qualified discussion leaders, small group discussions would be possible.)

SELECTION OF PERSONNEL: Anyone interested would be free to attend with the understanding that each participant would make every effort to attend as many sessions as possible. Those teachers, counselors, nurses, etc., who had demonstrated an interest in trying to do something about the drug problem could be issued special invitations to attend. These persons could be selected on the basis of contacts made with several key personnel at each school (perhaps a teacher, a counselor, an administrator at each school.) Those receiving invitations would be selected on the basis of their rapport with students and their desire to become better equipped to handle the problem of drug abuse.

COURSE CONTENT: During the four sessions major areas which would be covered would include the following:

- the drug scene - the variety of motives behind use; understanding the effects of drugs; understanding the nature of the controversy surrounding the use of drugs.
- ways of intervening in the use of drugs - policy implications, procedures; workable approaches encompassing prevention and education/treatment and rehabilitation/development and reorientation; developing resources to help treat symptomatic behavior and to help prevent and forestall continued or possible future drug involvement among students.

SUMMARY: The in-service training program would be designed to broaden the base of understanding of those participating as to the nature of the drug problem. Suggestions would be made as to the ways in which school personnel can actively help to discourage students from using drugs as well as ways in which school personnel can be instrumental in supporting students in their efforts to break out of the drug abuse syndrome.

A major spin-off of the series would hopefully be the establishment of nuclear groups of school personnel from each school represented who would then be in a position to help promote workable policies and implement solutions to the problems of treatment, prevention and education, supportive counseling, etc. -- within each of their own schools.

The drug abuse problem has reached such magnitude that it seems highly unlikely that any school administrator would quell the attempts of any individual who can demonstrate that he or she is able to provide needed assistance in helping to ameliorate the problem.

The in-service training program could play an important role in helping to provide nuclear groups of well qualified school personnel with needed understanding that is crucial if schools are to begin to successfully combat the drug abuse problem.

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RECOMMENDED READING:

Fineglass, Sanford J. (1969) "How to Plan a Drug Abuse Education Workshop for Teachers." Public Health Service Publication No. 1962, available through the Government Printing Office. This publication was compiled in conjunction with a drug abuse education project conducted 1968-1969, sponsored by the National Institute of Mental Health. The pamphlet provides a very important function in that it has brought together a wealth of insights and experience. It serves as a very practical guide book to setting up in-service training programs. Much of the material in the pamphlet applies as well to other efforts in the drug abuse field. This is an important basic booklet for those planning programs on drug abuse education.

"Drugs and Drug Abuse Education Newsletter" published monthly by Scope Publications, Inc., 1120 National Press Building, Washington, D. C. Year subsciption. $30.

DEGREE PROPOSAL: MASTER OF ARTS IN DRUG ABUSE EDUCATION

Requirements. The candidate must spend at least one academic year (three quarters) in graduate residence. He must maintain a minimum 3.0 average in all studies undertaken. The candidate must complete at least 36 units of graduate courses, 28 of which must be course in drug abuse education. Of the 8 units remaining, all must be chosen from the following fields: education, public health, public administration, sociology, psychology, or life sciences. The candidate must demonstrate knowledge of humanistic, social, and psychological foundations of drug abuse education as well as life sciences foundations of drug abuse education. He may do this through examination or by passing basic courses (Drug Abuse Education 202A and 202B). Students admitted to the M. A. degree program without previous course work in education, the social or health sciences, may be required to complete additional units in such courses.

After the candidate has spent two quarters in graduate residence, he may apply to the Dean of the Graduate Division for formal advancement to candidacy. This must, in any case, be done at least one quarter before the student expects to receive the degree. An essay of approximately 50 pages in length dealing with some aspect of drug abuse education is required to complete course requirements.

MODEL PROGRAM

1st Quarter	2nd Quarter	3rd Quarter
DAE 200 (8 units) Introduction to Drug Abuse Education	DAE 202A (4 units) Life Sciences Foundations of Drug Abuse Education	DAE 203 (4 units) Policy Planning and Program Implementation
DAE 201A (4 units) Communications - Theory and Practice	DAE 202A (4 units) Humanistic, Social, and Psychological Foundations of Drug Abuse Education	DAE 201B (4 units) Communications - Theory and Practice
	DAE 204 (4 units) Tutorial on a topic of individual's choice or field work (a minimum of approximately 50 hours) plus a paper related to the field work. (Either option is to be undertaken with the approval and under the direction of an advisor.)	DAE 205 (4 units) Master's Essay done under the supervision of the student's advisor on an approved topic related to the general area of innovative and practical approaches to dealing with the problem of drug abuse.

DRUG ABUSE EDUCATION CURRICULUM -- COURSE DESCRIPTIONS

(Asterisk indicates required course)

DAE 200* (8 units) (One four-hour class each week, individual consultation to be arranged.) Introduction to DAE

An overview of relevant literature in the field.

Comprehensive overview of the extent and nature of the problem, the populations involved, significant trends.

Comprehensive approach to problem solutions.

Examination of impediments to solving the problem.

Differences in perception as to the nature of the problem and of its solution.

Problems of information
- time lag
- research bias
- popular opinion
- mythologies and counter mythologies
- politics and symbology

Viable and humane approaches outlined
Need for advocacy planning stressed
Value base examined

DAE 201A* (4 units) (One two-hour class each week, additional discussion sections to be arranged.) Communications - Theory and Practice. The importance and place of information in contemporary society. Emphasis on logical argumentation, critical analysis and evaluation, the art of persuasion, the importance of examining underlying value assumptions and attitudes, the identification of implicit and explicit meaning, the recognition of intended and unintended meanings, perceived meanings, problems in listening, semantic problems, problem definition, problems in intercultural communications with particular attention to the generation gap. This course will also stress modes of communication, communication as a means of attitude and value change, the importance of individual example and the human element in changing attitudes and values, cultivation of audience response and participation, communications problems and techniques in large groups and on mass media, the panel situation, symposia, etc. This portion of the course will also deal with the use and abuse of media in the field of drug abuse education particularly.

DAE 201B* (4 units) (Same as 201A) Communications - Theory and Practice. Communications techniques in small groups, the counseling situation, interviewing. Overview of popular approaches to group interaction. Stress on the necessity for a growth orientation in group work. Task orientations and problem solving orientation in groups. Optimizing human resources in the small informal work group. Discussion and demonstration of training techniques for a variety of clientele including former drug users, school administrators, teachers, community organizers, law enforcement, etc. Discussion of the practice of consultation, ethical, political, and sociological consideration. The communicator as catalyst and change agent. The creative use of news media, advertising. The printing and dissemination of literature. The Communications Center - a proposed means of optimally utilizing latest advances in communications technology.

DAE 202A* (Test may be taken in lieu of taking this course.) (4 units) Life Sciences Foundations of Drug Abuse Education.

- The scientific method, its popularization and bastardization
  - Current trend of value neutrality and ethical relativism
  - Case presented for a value based methodology
- Method and Discovery
  - The aims of research
  - The uses of research
  - The assumptions of researchers

- Research with drugs of natural origin
- Research with synthetic drugs
- Research on animals
- Research on human subjects
- Research on normals
- Ethical considerations concerning research with human subjects
- Case Studies
- Survey of the effects of various popularly used drugs

- Treatment programs for drug users
  - Detoxification
  - Special programs - methadone maintenance
  - Nalline and urine chromatography testing

- Legal aspects of treatment and research programs
- Governmental regulation of drug research
  - Regulation of drugs in general and new drugs in particular

DAE 202B* (Test may be taken in lieu of taking this course.) (4 units) Humanistic, Social, and Psychologial Foundations of Drug Abuse Education.

- Variation in attitudes and values underlying behavior of various populations of drug abusers
- Social trends, consequences of drug use in various cultures

- Humanistic basis for a public health and educational approach to solving the drug problem

- Humanistic basis for government regulation of narcotics and dangerous drugs
  - Legal models
  - Regulatory models

- Basic changes required to circumvent a trend toward greater societal involvement in drug abuse -
  - legally
  - educationally
  - socially
- Regulation of the drug industry and termination of advertising and over the counter sales of dangerous drugs and narcotics

DAE 203* (4 units) Policy Planning and Program Implementation in the Field of Drug Abuse.

Political considerations crucial to initiating change.

Strategies for introducing change -- differences in sophistication, needs, tempo of life, quality of life, character of environment between given groups of people or populations.

The change agent as a role requiring innovation, foresight, and initiative

The task force as a means of implementing change

Program proposals
- Sources of funding
- Program salesmanship
- Preparation of implementors

The need for changing the current bias from research oriented programs to research/action and action programs.
Public policy proposals, reorganizational problems, political considerations - legal and extra-legal means of implementation.

DAE 204* (4 units) Tutorial-topic of individual's choice or field work (a minimum of approximately 50 hours) plus a paper related to field work. Either option is to be undertaken with the approval and under the direction of a professor in the department.

DAE 205* (4 units) Master's Essay - to be done under the supervision of an advisor on an approved topic related to the general area of innovative and practical approaches to dealing with the problem of drug abuse.

committee for
psychedelic drug information

p.o. box 851
berkeley, california 94701

Attention: Chancellors, Presidents, and all School Administrators

Attached is a list of selected references pertaining to psychedelic drugs, their use and effects. The materials have been selected for the light they shed on the various issuses involved with the use of drugs including LSD, methamphetamine, and marijuana.

You are welcomed to reprint this list for distribution to interested students, teachers, administrators, counselors, librarians, student health personnel, etc. Other possible uses of the list include posting it for library use, procuring copies of the many articles and pamphlets, paperbacks, etc., listed - to be kept in a file for ready reference by students and others. A selection of articles could be xeroxed or obtained through the National Library of Medicine.

It has very likely come to your attention that the interest in this subject is growing rapidly. This list is designed to meet these expanding needs. The list is designed to give students who are writing papers, teachers and others who are confronting the problem of drug abuse in their students, persons who are involved in research, and those who are involved in free-lance experimentation - a basis for understanding and decision-making.

Further inquiries may be addressed to the Committee for Psychedelic Information, P.O. Box 851, Berkeley, California 94701. Please enclose a large, self-addressed stamped envelope to assure a prompt reply. All donations to the work of the Committee are very much appreciated. Such contributions will be used to cover future printing costs and to take care of administrative expenses incurred in operating a speakers' bureau.

committee for
psychedelic drug information

p.o. box 851
berkeley, california 94701

For additional copies in bulk quantities of the following printed materials, please send contributions in the specified amounts to the Committee for Psychedelic Drug Information to cover costs of printing and shipping, as well as to aid in the expansion of the Committee's activities. Contributions are tax deductible.

1- Decisions on Drugs
2- Drugs-Selected Referencess Through 1969
3- and Psychedelic Drugs and the Student-Educational Strategies

per unit	in lots of	per 500	contribution
$ .05	500	$25.00	500=$25.00
.04	1000	$20.00	1000=$40.00
.03	3000	$15.00	3000=$90.00

4- Inside What's Happening

per unit	in lots of	per 500	contribution
.04	500	$20.00	500=$20.00
.03	1000	$15.00	1000=$30.00
.02	3000	$10.00	3000=$60.00

5- Drugs-Who's in Charge

per unit	in lots of	per 500	contribution
.045	500	$22.50	500=$22.50
.035	1000	$17.50	1000=$35.00
.025	3000	$12.50	3000=$75.00

Depending upon the distance, shipping may take three to ten days. Please allow an additional week to two weeks for processing of requests. Thank you.

ALLAN Y. COHEN

Open Letter to Policy Makers

Dr. Cohen is a consulting psychologist in Berkeley, California and associate professor of psychology and dean of students at newly chartered John F. Kennedy University in Martinez. He holds a B.A. with highest honors (1961) and a Ph.D. in clinical psychology (1966) from Harvard University. While a graduate student and assistant of Professors Timothy Leary and Richard Alpert, he was involved in the early research with psychedelic drugs. Dr. Cohen took LSD and related drugs some 30 times before splitting with the "psychedelic utopians" and rejecting the use of chemicals as a means of personal growth. The author of several articles, he is co-authoring a book for parents on drugs and adolescence which will be published by Harper and Row in October.

What can you do to stem the tide of drug abuse? What bills should you support? What policies should you effect? What projects deserve funding priorities? What kinds of drug abuse treatment and education can be truly effective?

I don't pretend to offer complete answers to these intricate questions, especially in a few words. But I am concerned. I wish to share ideas generated from my experience in the drug abuse field, as a former user and now as a drug abuse educator. The key to effective action is in your hands. By the force of your wisdom and judgment in fashioning public policy, drug abuse, especially among the young, can be substantially blunted. Of this I am sure.

Hard Penalties Don't Pay

The present situation is all too clear—drug abuse is increasing alarmingly. In urban and suburban localities, surveys indicate that 40 to 70 percent of all graduating high school seniors will have experimented with some dangerous drug (excluding nicotine and alcohol).

Prodded by a "pill culture," adult example and media advertising, the rate of increase is skyrocketing in junior high and elementary schools. Corrective response has been agonizingly slow. But this is hardly news to you.

Let us agree on a single goal—the minimization of drug abuse. In chosing my suggestions I have used a single selection criterion, the kinds of actions most likely to reach that goal effectively with the smallest expenditure of funds.

Crime Doesn't Pay

Allow me to suggest that the penalistic approach to drug users has not paid off. The criminal orientation toward the drug abuser is as hollow as a similar approach to alcoholism, mental illness or venereal disease. At the same time, it is reasonable to prosecute vigorously profiteering traffickers, those professional criminals who profit from the deterioration of others. This should involve cracking down first on the hardest drugs, like heroin, to prevent the kind of vacuum created when "Operation Intercept" diminished the supply of marijuana from Mexico.

The enforcement approach toward users has been justified on three theoretical grounds: (1) It teaches the user a lesson; (2) it acts as a deterrent to others; and (3) it isolates the offender from potential new offenders. Professionals can seriously challenge these assumptions: (1) Prosecution and incarceration do not rehabilitate; they embitter; (2) a survey taken at a California high school asked non-users, "What has been the greatest single deterrent for your not using drugs?" and only seven percent even mentioned the illegality of drugs or fear of being busted; (3) the high availability of illicit drugs has been relatively untouched by removal of arrested offenders.

Toward Public Health Education

The penalistic emphasis for users misses the point—it reacts to the symptom, not the cause. Additionally, severe criminal liability for the drug user makes difficult his ability to gain assistance. A youngster is reluctant—for fear of prosecution—to discuss his experimentation with physician, psychologist, counselor, teacher or even parent. However, recently, the state of Iowa showed commendable perceptiveness in passing progressive legislation. Under statute any youngster who seeks drug abuse assistance from a community professional would neither be prosecuted nor would his parents be informed without permission.

When you think about public health and education policies, keep in mind the differing requirements of three main types of individuals:

Case I: Reluctant Drug Abusers: e.g. heroin and narcotics addicts; also high dose barbiturate and amphetamine users.

These persons would like to stop using drugs but cannot because of physical addiction or fear of criminal prosecution. They need help. They need sympathetic programs and clinics; especially those to get them through withdrawal anxieties. Immediate priority in anti-heroin funding should be given to well-run methadone maintenance and withdrawal programs. Additional support should be granted to group-oriented approaches with previous success in rehabilitating addicts.

Case II: Satisfied Users: e.g. users of marijuana, hashish, psychedelic drugs and low dose pill experimenters.

These individuals compose the greatest percentage of young American drug abusers—experimenters with the so-called "soft" drugs. Although some have realized the futility of their actions, most continue to turn on because they want to. Here a strict treatment-rehabilitation orientation is not appropriate. Instead, students must be educated so that their desire to use drugs is reduced.

Here are some characteristics of possible education action programs which could make them more effective and practical:

(1) An empathic, sympathetic attitude toward the drug user;

(2) Therapeutic emphasis on motives behind drug use, not drug abuse itself;

(3) Availability to the student of objective information on drug effects;

(4) Credibility for drug abuse education communicators — e.g. teachers trained by former users;

(5) Utilization of former users and experimenters as drug abuse educators and consultants;

(6) Inclusion of youth knowledgeable about drugs as integral parts of any drug intervention program.

Case III: The Potential Abuser: e.g. the young student who has yet to try dangerous drugs.

Here the goal is prevention; the vehicle is education. Along with giving students sound educational information, funding and policy priorities should be given to programs oriented toward rational decision-making, not scare tactics. As of now, it may be impossible to prevent any future experimentation with drugs, but it is possible to educate against drug dependency.

Funding and Policy Priorities

Summing up, I would urge you to support legislation oriented toward (1) a public health approach, (2) investment in credible educational efforts and (3) programs developing alternatives to drug use.

I consider the latter most crucial, especially for the long term. The provision of more nonchemical alternatives is the key to removing the cause of drug abuse. This strategy is immediately feasible for most of the country, although requiring a longer term effort in the ghettos.

I believe that young people intuitively wish to get "turned on" in constructive ways. But they are not consistently exposed to alternatives which could improve the quality of life experience, induce personal satisfaction and encourage positive self-involvement. We need legislation and policy support to develop programs offering exposure to alternatives in all the motivational areas behind drug abuse: physical; emotional; interpersonal; political; creative; intellectual; and spiritual. In the high school survey cited, 60 percent of the nonusers responded to the question "What has been the single greatest deterrent for your **not** using drugs?", either by stating they had no need or that they did not want to risk drug-effect interference with certain meaningful activities they were pursuing.

Thus, communities should be encouraged to support experimental projects like "awareness houses," where the young are exposed to nonchemical alternatives ranging from music to athletics to group counseling to mysticism. Pragmatically, however, the most efficient prospect in fostering drug abuse control lies in the reform of the institutions of public education. We have given so much emphasis to technology and intellectual competence in our schools that we often ignore the human being. After all, the major world and national problems are less the result of intellectual failure than failure in human relations, lack of wisdom in the art of living and non-application of the golden rule.

In a time when the family has broken down as a sufficient institution for non-intellective learning, the educational system must give more attention to the personal development of the student. The available research and clinical evidence suggests this to be a major move against the reasons producing drug dependency.

A good example of outmoded policy is the needless assigning of competitive grades to coursework already in the self-development areas. Is there a single good reason why young people should be subjected to external achievement pressures in subjects like physical education, art, music, industrial arts, home economics, drama, etc.? By making these subjects competitive, we ensure the failure of most students. Ironically, later on the non-exceptional student is encouraged to avoid those very experiences which might serve as alternatives to drugs. One cannot get a "D" in the drug scene — one reason perhaps why a "stoned" peer group appears more satisfying than homework. As an example of relevant educational reform, I would suggest that grades in these areas be abolished immediately, replaced perhaps by a pass-fail system, based only on effort.

Other effective thrusts in the drug abuse area might include high priority for innovations in curricula; expansion of relevant courses; teacher recruitment and in-service training; and assignment of considerably more student responsibility in fashioning the educational environment.

On the basis of my own research experiences, I must conclude that one dollar spent on developing alternatives is worth $20 spent on good anti-drug propaganda and $500 spent on prosecuting drug experimenters. The additional payoff from supporting educational innovation in personal development areas (on school and college levels) involves the possible diminution of other forms of destructive social deviance and manpower waste, such as juvenile delinquency, violent radicalism, emotional disorder, alcoholism, etc.

The drug abuse crisis is great; but the creative challenge is equally immense. The problem's scope is so vast that only legislators and public policymakers have sufficient leverage to turn the tide. Without your support, understanding and initiative, only relatively feeble attempts can be made. I realize that bureaucratic inertia often stands in your way, that enlightened action in the drug abuse field often takes considerable political courage. Yet an effective solution to this problem might set off the most constructive turnabout of wasted energy this century has ever seen.

INSIDE WHAT'S HAPPENING

SOCIOLOGICAL, PSYCHOLOGICAL AND SPIRITUAL PERSPECTIVES ON THE CONTEMPORARY DRUG SCENE*

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The abuse of psycho-active drugs by young people is a frustrating public health problem. The so-called "psychedelic-revolution" of the 60's has created an increasingly large population of teenagers ingesting various mind-altering substances. At the same time, efforts at prevention and discontinuance of drug abuse have been relatively ineffectual, partially because of the recency and prevalence of drug abuse but primarily because techniques of drug control and drug education are only beginning to respond to the motives underlying the rapid rise of the "turned-on" generation.

In the present paper, let us focus on the psychedelic or hallucinogenic drug phenomenon. Cannabis products, viz. marijuana and hashish, are included in this discussion because of recent developments isolating THC as a primary active ingredient in cannabis derivatives (1). Preliminary research (2), as well as clinical observation by the author and other psychotherapists, suggests the action of THC as subjectively equivalent to materials such as LSD, psilocybin, mescaline, DMT, STP and others. (It is suggested that contemporary marijuana use can be seen as relatively low dosages of a potent hallucinogen.)

The observations below represent a synthesis of findings derived from research and counseling with young users of marijuana and psychedelic drugs (many of whom has also tried amphetamines, a few of whom had experimented with barbiturates and heroin.) Observational data were provided by hundreds of hours spent by the author in counseling undergraduates at the Counseling Center, University of California, Berkeley. Additional information was obtained in informal conversations with high schooland college students all over America in conjunction with drug education lectures given by the author. Empirical and systematic data are taken from investigational research done for the Bureau of Drug Abuse Control (3). This study included a survey of drug attitudes and use among psychedelic users in the Haight-Ashbury section of San Francisco and Telegraph Avenue section of Berkeley. Also included was an in-depth interview study of fourteen (14) high school users and ex-users, an empirical investigation of value changes in forty (40) LSD users and an anthropological analysis of the rise and fall of the drug scene in youth subcultures in Chapel Hill, N. C. and Fresno, California.

MOTIVATION: SOCIO-CULTURAL CONSIDERATIONS

Let us not dwell on the expectable motives operating in drug abuse. Curiosity, social pressure, rebellion against authority, escape from social and emotional problems, desire for "kicks" -- all these are more or less relevant in many cases but add little to our capacity to understand the recency and magnitude of contemporary drug abuse. Beyond these obvious aspects are cultural and psychological factors which crop up again and again to the listening ear, exquisitively articulated by some college students and teenagers, subconsciously expressed by pre-teens.

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*Paper presented to the School Health Section of the American Public Health Association, November 12, 1968.

The theme is of disenchantment and alienation, particularly in the area of values. Increasing numbers of young people have been struck with an experience of futility regarding the basic institutions of their society. They charge social and political hypocrisy, rejecting governmental and social policy which seems headed toward more war, hate and injustice. They have begun to challenge the very goals of the educational system which trains them for jobs incapable of guaranteeing personal satisfaction. They criticize parents, citing a basic lack of understanding and discrimination toward what is really important. They are put off by organized religion, symbolized by rite, ritual, ceremony and dogma -- seeming to deny inherent human worth, existing for hypocritical adults who attend church without seeming to be touched with love for God or their fellow men.

Reflecting this line of attitudes, the psychedelic scene is a middle and upper-middle socio-economic class phenomenon. It operates from material sufficiency, not economic deprivation. Pot and "acid" are not functional to the ghettoed individual and the poverty-stricken minority member. Their drugs of choice are alcohol, barbiturates, heroin and other depressants or "consciousness-contractors". The use of psychedelics has not flourished in the economically underprivileged, perhaps because they need to forget what already is. Children from affluent families can suffer a different kind of pain -- a need to find that which they do not have. Here we re-enter the area of the search for meaningful values.

MOTIVATION: PSYCHOLOGICAL CONSIDERATIONS

Time and time again, according to their age and verbal skills, one hears teenagers asking the questions "Who am I?" and "What am I doing here?" Some social scientists have called this the search for identity or meaning. More and more young people (freed from considerations of economic survival) find it hard to accept the basic value system which modern civilization has emphasized -- materialism and the quest for affluence and material achievement. Less and less are young people enthused with a system which seems to push them toward greater education designed to help them attain more prestigejobs leading to high income and social status. To many teenagers, it makes no sense, especially because it has not led to widespread personal satisfaction and happiness in the adults most visible to them. This rejection of values associated with material acquisition has led to confusion, a vacuum in meaningful goals and a search for something "inside".

An initially apparent alternative is the use of drugs. After all, our culture and media teach children that one solves almost all problems by "turning on" -- drugs for headaches, constipation, sleeplessness, "nerves" and whatever o other maladies beset us. Taking drugs is the common palliative in our society, not a deviant one. Thus, it is difficult to fashion public health approaches without realizing the cultural logic and appeal of mind-altering drugs, although their illicitness and uniqueness would seem to set them apart from the mainstream of justifiable drug use.

Additional copies are available through the Committee for Psychedelic Drug Information, Box 851, Berkeley, Calif. 94701. Please enclose a self-addressed stamped envelope with your request. Your contributions are also welcomed. Contributions will be used to help defray printing and other costs. 11/69

MOTIVATION: SPIRITUAL CONSIDERATION

Many adults are puzzled at the preoccupation of young drug experimenters with issues connected with "consciousness" and spiritual development. There is an intense and growing interest in writers and ideas about inner experience -- from "sensitivity" groups to meditation and mysticism. Ironically, much psychedelic drug use is oriented toward attaining these higher states of awareness. Psychedelic religions have been created; getting high seems sacred to large groups of young people, making physiological, legal and psychological side effects seem irrelevant (e.g., "I don't care about chromosome damage or getting busted or going crazy if I can get enlightened, find God and have real peace inside myself.") Consequently, drug use connected with consciousness-expansion is particularly tenacious because the information about more mundane dangers generates little credibility and even less concern.

The situation is ironic because valid techniques for attaining spiritual experience or higher consciousness are directly contradictory to chemically-induced mind-alteration. In a surprising number of cases (especially in age range 15 to 22), individual users have discontinued their use when they discovered that respected spiritual leaders and mystics regarded the use of drugs as useless and harmful in one's spiritual development. Particularly influential in our San Francisco and Chapel Hill samples were the statements of Avatar Meher Baba, a spiritual master living in India, felt to be God in human form by his followers (4). Responding to letters from one of the foremost psychedelic leaders in America, Baba wrote that "The (drug) experience is as far removed from Reality as is a mirage from water. No matter how much one pursues the mirage one will never reach water and the search for God through drugs must end in disillusionment" (4, p. 2). The dynamics involved for the users who gave up drugs because of such statements are instructive in fashioning public health programs directed toward the sincere but naive "seeker" experimenting with drugs.

PUBLIC HEALTH INTERVENTION STRATEGIES

Certain conclusions and recommendations flow from the systematic research and field observation. Most non-innovative approaches have failed to touch the psychedelic subculture. The possibility of legal action is an annoyance to the drug user, not a deterrent. The "scare" approach is not only ineffective, but undermines the credibility of the concerned professional when he attempts to communicate objective facts. Obviously, an educational approach is the most reasonable answer to the drug abuse problem, but drug education has lagged behind the sophistication and rationalizing power of the casual and chronic drug abuser. After assessing factors responsible for the discontinuance of psychedelic use, certain principles seem basic to producing behavior change:

1. An empathic, sympathetic attitude toward drug users,
2. Reorientation of legalistic to public health approaches,
3. Therapeutic stress on motives behind drug use, not on drug use itself,
4. Availability of objective information on drugs,
5. Establishment of credibility for drug education communicators,
6. Emphasis on utilizing ex-drug-users as communicators,
7. Assignment of greater responsibility to young people in political and social policy planning, and
8. Inclusion of young users or ex-users as consultants in any drug intervention programs.

However, perhaps the most understressed objective in any public health campaign is the provision of alternatives. In a sense, we have been hampered by taking a defensive posture, trying to eradicate drug use without providing for those opportunities which could reduce the desire for drugs. Of course, if we could cure the ills of our society, stop the disintegration of the family unit and make life more meaningful for young people, the psychedelic drug scene would disappear. This is a long-range objective. More practically, it might be extremely wise to reorient our public health approach in the home, schools, and community so that we put special priority on developing and implementing non-chemical alternatives to the search for meaningful interpersonal relationships, enduring values and inner experience. Some of the practical possibilities of providing such alternatives appear elsewhere (5); here it may suffice to note that whenever attention is redirected to this kind of orientation, viable prospects begin to pop into view. Whether it involves broad curriculum changes, opportunities for political and social involvement, study in practical mysticism, growth-oriented individual and group counseling or whatever, the fact is that young people will cease using drugs if they are provided with some better non-chemical technique. The hidden ally here is the ultimate failure of drugs to fulfill the real needs of the users. If drugs did work, we might as well scrap any countermeasure. But chemicals are not effective; more and more young people are finding out, though occasionally too late.

If alternatives are initiated in the earlier grade levels, we shall have gone a long way in the prevention of drug abuse. Casual experimentation provoked by curiosity may still continue, but habituation will be unappealing and even unfashionable. It is not very difficult for the user of cannabis or LSD to stop if he wants to stop. The critical issue is to get him to want to stop; this comes automatically when he finds a meaningful non-chemical alternative.

Sociological and psychological investigations lead to the final conclusion that drug use is only a symptom of the dis-ease of our times. That reality may seem frustrating to those concerned with drug abuse; yet it is equally challenging. For if we start approaching drug misuse by supplementing effective public health education with the provision of viable alternatives, we begin to act on the very causes of human unhappiness. We start to actualize a type of context enabling young people to explore their inner potentialities within the social fabric. In addition to reducing the self-destruction of the drug path, we may be facilitating mental health in a stressful society. The most that can be lost in the attempt is ignorance.

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Psychedelic Drugs and the Student: Educational Strategies

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Psychedelic drug use has been subject to profound misinformation and theoretical disagreement; yet increasing ingestion by students creates the need for some practical decisions. (For the purpose of this discussion, "psychedelics" refer to LSD, mescaline, psilocybin, STP and similar substances including marijuana and hashish, which contain THC, a potent psychedelic chemical.) Those involved in the educational process may be seeking more information which can lead to rationally-based attitudes and intelligent evaluation. But even if the facts about psychedelics were readily available, their implications for action might be ambiguous. How many times have you heard the question, "Well, what do we do about it?" In this paper, I hope to suggest a structures model for drug education and attitude change for students in our colleges, universities, and secondary schools. It is already quite evident that enforcement is not an adequate solution, and that the educational orientation is the most promising. Below, I outline some principles which can form the core of an educational approach to the growing problem of psychedelic drug misuse.

SCOPE OF THE PROBLEM:

Many student personnel officers grossly underestimate the prevalence of psychedelic use among their students. It is tempting to believe that one's campus is exempt from a widespread drug problem. However, after lecturing on drugs to student bodies in many sections of the country, informal talks have repeatedly reminded me that the drug-using population is remarkably invisible to college personnel officers and amazingly diverse in the types of students it encompasses. Further, the use of psychedelic materials on campus is likely to increase. High school incidence is skyrocketing and it seems reasonable to expect that more entering freshmen will be predisposed to continue experimentation with these easily available and virtually uncontrollable substances.

Once the problem is admitted, the spectre of discouragement becomes another roadblock. Administrators, counselors, and even student body leaders sometimes assume that nothing much can be done, either because the avenues of communication are irreparably blocked or because the college is not an appropriate institutional unit to get involved in what can be seen as a personal or legal matter. Yet the possibility of an effective educational campaign is not remote.

Before considering specifics, let me reveal my biases. After 30 LSD experiences and a temporary commitment to the personal and social promise of the psychedelics, I think I understand the appeal, seductiveness, and impact of the drug experience. At the same time, I am not aware of any ultimate benefits, even those derived from so called "good trips." Although I accept the validity of the goal of "expanded awareness," or "inner development," I am convinced that psychedelics are almost the worst way to attain it. Personally, I would not advise anyone I knew, cared for, or loved to take mind-altering chemicals in any but a professionally-supervised context for specifically therapeutic reasons.

PRINCIPLES OF PSYCHEDELIC DRUG EDUCATION:

The following principles and methods are based on the assumption that it is desirable to take action which will reduce the use of drugs in a student population. They also embody the attitude that students should be encouraged to make their own decisions regarding their personal use of chemicals.

PRINCIPLE I: THE SYMPATHETIC ATTITUDE

Self-Education:

Knowledge is a prelude to understanding. If you work with students in the area of drugs, you must become as informed as possible. Do the basic reading; be able to cite relevant sources. (Examples of general background reading are Alpert & Cohen, 1966; Bloomquist, 1968; De Bold & Leaf, 1967; S. Cohen, 1968; Nowlis, 1969; Hollister, 1968; Marin & Cohen, 1970; A. Cohen, 1968 & 1969; and Smith, 1969) But also be very humble. Students will quickly reject your expertise on drugs if you over-represent your wisdom. Students are increasingly sophisticated and, if you get caught in an unfounded conclusion or a flip generalization, you might rapidly lose your effectiveness. You need not have taken drugs to be able to communicate relevant facts about their effects, as long as you are honest.

Basic Sympathy:

It is best to approach the psychedelic user (or potential user) without preconceived ideas. Mass media to the contrary, he is not necessarily sick, nor is he necessarily irresponsible. Approach a user as you would any other human being in the process of development. Interestingly, the kinds of students most attracted to psychedelics tend to be those whom we might consider the most dynamic, creative, and imaginative. Based on research I did at Harvard (Cohen, 1966-a), the psychedelic user is likely to be quite different from the kind of individual who becomes dependent on narcotics, barbiturates, tranquilizers, or alcohol. Most students seem to use psychedelics not so much to forget what they already have, but to discover and attain what they have not. I would suggest that the majority of young people experimenting with such materials be respected for their courage in exploration, for their curiosity, and for their conscious or unconscious commitment to self-discovery. Unfortunately, these basically positive instincts are usually misdirected and perverted through the use of psychedelics. (A. Cohen, 1968)

The Implementation of Sympathetic Attitude:

The Legal Issue: One of the most powerful barriers to staff-student communication is the LSD (and marijuana) user's fear of disclosure to enforcement authorities. In all states, students are subject to criminal prosecution for psychedelic use and are reluctant to approach counselors or administrators for help. In drug education and counseling, the promise of confidentiality is a powerful ally. Learn the laws in your state regarding privileged communication. If there is an undesirable possibility of confiscation of files, you might refrain from making written evidence of the student's drug involvement. From an enforcement point of view, the casual user is of minor importance compared with illicit manufacturers and distributors.

But whatever attitude toward disclosure you and your college adopt, it is of primary importance to make that policy explicit to the student body. Specifically, if an individual begins to present self-incriminating statements, he should be immediately advised of the degree of confidentiality that can be guaranteed. Bad faith, or "finking" on a student when policy is not explicit is disastrous for the overall objective. Honesty and openness of intent is critical.

Therapeutic Services: The stronger psychedelics can result in "bad trips"--terrifying and disorienting experiences. A "freaked-out" student needs immediate help and support. What can he do? Where can he go for emergency help? As a start, your college's health services are logical places for emergency treatment, even though an LSD or STP panic state is not a standard medical problem and simple chemical antidotes may be only slightly effective. However, an emotional and interpersonal environment of warmth, gentleness, and support can make the difference between the inception of a serious psychological disorder and the cessation of a super-nightmare. This principle can be communicated to health workers and can make the institution's facility a trusted place of refuge for acute or chronic drug reactions. Again, the policies relating to disclosure must be articulated to students as soon as possible in the school year. Even if the college regards psychedelic use as a major indiscretion subject to disciplinary steps, a bad trip itself is more than enough punishment and is best treated as a psychiatric incident rather than an infraction of regulations.

Effects of Sympathetic Attitude:

There are two major accomplishments of a truly sympathetic orientation toward student drug involvement. First, it makes all further efforts more credible and effective. Secondly, an open, honest, and understanding approach to the student (or hippie) shakes up his preconceptions of you as the "square authoritarian" which you inherit because of your role as part of the Establishment. It can go a long way in melting the barriers of fear and mistrust, opening the way for fruitful dialogue.

PRINCIPLE II: INFORMATION AVAILABILITY

To *tell* a student not to use LSD or marijuana is to convince him of nothing. Coercion works inversely with attitude change. Yet I have great faith in students' common sense and independent judgment. Provided they are given all the facts, the more they know about drugs, the less they will want to use them. Under this assumption, I propose the creation of a file, library, or library section where written material relevant to drugs is available to students. The drug information center could contain publications placed on reserve which could circulate to interested individuals. (Selected publications could include Gamage & Zerkin, 1969; Rajeswaran & Kwan, 1968; Wolstenholme & Knight, 1965. For a selected list of other publications, write to the Committee for Psychedelic Drug Information. For address, see below.) The collection might focus on two questions: "Are psychedelics worth it?" and "What are the alternatives to drugs?" Material could cover four major categories regarding drug effects:

The Law. Attitudes aside, the use, possession, and sale of psychedelic agents is against the law. Some of the penalties for conviction are, in practice, relatively mild; others are extremely severe. Your students need to know the laws and penalties attendant to drug use in your state and community. Some students are not aware of the gravity of drug convictions, especially the implications of a criminal record. It is true that mere knowledge of drug laws, especially considering the low probability of arrest, may not prove a significant deterrent. But it can be an important variable for realistic students.

Drug Effects: Physiological. There is increasing evidence that psychedelic chemicals are physically harmful to living organisms. Research with humans has been limited because of methodological difficulties, but the mainstream of empirical findings with animals is not likely to make the potential user feel very comfortable. Examples of recent research is the discovery of epileptic seizures as a rare result of LSD ingestion (Fisher & Ungerleider, 1967). More seriously, chromosomal damage has been observed in conjunction with introduction of small concentrations of LSD into human blood. (Cohen et al., 1967). Further, birth defects have been associated with small LSD and mescaline dosage in pregnant mammals (Auerbach & Rugowski, 1967). (For additional research regarding the possible teratogenic effects of LSD and cannabis in animals and in humans, see Hecht et al, 1969; Geber, 1967; Geber & Schramm, 1969; Zellweger et al., 1967-a & -b; Persaud & Ellington, 1968-a & -b; and Carakushansky et al., 1969.) Now that THC has been economically synthesized (Collier, 1967), it seems likely that research will reveal important physical side effects of marijuana and hashish. The physiological issue is seriously compounded by the presence of dangerous impurities in many psychedelics, a result of black market manufacture or intentional adulteration by distributors. Although current research is somewhat tentative, it is important for students to be very clear about the possible deleterious physical effects. (Much new material has appeared or been uncovered since this article originally appeared in print. See especially Gamage & Zerkin, 1969 for a recent survey of the cannabis literature as well as Dagirmanjian & Boyd, 1962; Grunfeld & Edery, 1969; Holtzman et al., 1969 and Hanaway, 1969.)

Drug Effects: Psychological. Psychedelics: insight or insanity? The answer depends upon the definitions, context, and purpose of use. It is true that the clinical use of LSD in the treatment of chronic alcoholism and certain mental disorders, has yielded some success. But there is also the possibility of severe emotional damage in uncontrolled, non-therapeutic settings (Robbins et al, 1967; Ungerleider and Fisher, 1967; and Ungerleider et al, 1968). Eventual psychological disintegration is inevitable with the continual use of psychedelics. Equally insidious are the self-defeating delusions generated by subtle dependence on the pleasant aspects of chemically-induced perception.

Effects in the same direction are beginning to become observable with the immediate as well as the long-term use of milder psychedelics, including marijuana. (e.g., Ungerleider et al., 1968; Isbell et al., 1967; Keeler, 1967 & 1968; Keeler et al., 1968; and Weil & Zinberg, 1969.)

I now begin to look for such characteristics as lethargy, "creeping paranoia," communication problems, and inflation of self-esteem in clients who have been smoking marijuana or hashish. These effects are perfectly consistent with the results of continual low doses of LSD-like substances, but ironically unobserved and unexpected by the student who firmly believes in the harmlessness of marijuana. However, drug educators should be skeptical of any universal scare approach. Students' friends who vouch for the drug experience are likely to invalidate any all-condemning attitude.

Drug Effects: Spiritual. The spiritual factors surrounding the LSD issue have become increasingly pertinent, if for no other reason than the propagandistic assertion that any physical or emotional damage is justified by the promise of a psychedelically catalyzed spiritual attainment. The question of identity and meaning may well be the most profound concern of many aware students facing alienation and searching for meaningful values. Psychedelic proponents argue that drugs provide an answer to the existential lack, that they generate authentic mystical experience, that they give a glimpse of God (Cf. Braden, 1967). It is not difficult to understand the enormous appeal of psychedelics and their link to the quest for "higher consciousness."

It is true that drug experiences produce religious feelings, but the self-delusion of "enlightenment" or advanced mystical attainment can be very unfortunate. The spiritual tripster often feels he has found the answer and becomes ensnared in the assumption that the LSD illusion is very close to the Ultimate Reality (Cohen, 1966-b). The adoption of psychedelics as a way or method for attaining higher consciousness is a barrier to the goal itself. Ironically, the greatest living spiritual masters have unanimously condemned the use of drugs as useless for spiritual gain. The psychedelic experience is compared to a mirage, an illusion which, when pursued and taken for real, makes self-development impossible (Baba, 1966; Duce, 1966). Observations from mystics respected by the "seeking generation" are having a measurable impact on students who would link psychedelics with profound self-discovery.

Potential Results of Information Availability:

If a student is given a balanced view on drugs, will he be less likely to "turn on?" In some recent field research, I sent a young, "hip" assistant to the Haight-Ashbury section of San Francisco to interview LSD and marijuana users. Of the 40 users, 50 percent said they would stop using psychedelics if they knew of scientific research that proved physical harm from LSD. On the psychological level, approximately 60 percent would stop if they thought LSD would be likely to cause emotional difficulties in themselves or friends. Eighty percent believed in "God," 92 percent in "mysticism," but 82 percent thought that mystics accepted the psychedelic experience as an authentic spiritual experience. Over 60 percent said they would discontinue using drugs if a valid mystic known to them said drugs were spiritually harmful; almost all said they would cut down their usage if they found a better way to expand consciousness. I consider these to be hopeful findings, implying a significant efficacy from comprehensive drug education.

PRINCIPLE III: SOURCE CREDIBILITY.

When objective material and subjective issues are interpreted to the student through a human communicator, the content can become less important that the communication source; drug education must take this into account.

Utilization of Experts: Students or non-students involved with drugs can be a valuable resource for increasing your understanding of the problem. You might, for example, bring them into a staff meeting and simply listen to their ideas. An interesting twist is to pay drug users on your campus as research assistants in developing an effective campaign countering psychedelic use. Being the experts on the local situation, they might come up with particularly relevant ideas and even change their own attitudes.

The Role of the Ex-User: As more people turn to the use of psychedelic drugs, more persons are "turning off," having personally discovered their debilitating or inadequate effects. The ex-psychedelic user is perhaps the most effective educational communicator (presuming emotional stability and articulateness). The potential or current user cannot deny this individual's experience, and the usual rationalizations (e.g., "He hasn't turned on ... how can he know?") do not work. Students who have once used LSD and pot and stopped can function as a valuable liaison on your campus, even if they do not make public appearances. They can serve as sympathetic advisors to university staff as well as acting as informal counselors for certain students who otherwise could not be reached.

Outside Sources: If local ex-users are unavailable or inappropriate for visible appearances, it is possible to set up public seminars, lectures, and symposia featuring outside speakers. However, officials of the "Establishment" -- academicians, medical personnel, and law enforcement agents--must be scrutinized carefully in terms of their credibility to drug-interested students. Frankly speaking, many colleges have brought in "authorities" who had the opposite effect intended. Utilize your student liaison people in choosing outside presenters.

PRINCIPLE IV: THE DISSEMINATION OF ALTERNATIVES

In the long run, this fourth principle is probably most important. Students' turning to drugs may seem the best way to approach their life concerns, if only by default. When you ask a student to discontinue drugs, you are implying that some other course is more desirable, but the usual cultural alternatives may already have been rejected. Probably the most compelling and thought-provoking statement to the psychedelics user is that another approach is superior. (A. Cohen, 1969).

Alternative Methods to Life Enhancement: It is an inescapable fact that there are better ways to expand awareness, generate self-insight, and develop more meaningful interpersonal relationships. Unfortunately, the infusion of these alternative methods into the mainstream of American life has lagged behind the rapid rise of drugs.

I strongly suggest that literature on alternate methods be made centrally available for students, perhaps in that same library of drug information previously mentioned. It could include material on the briefest exercises to the most profound philosophies--silence, creativity training, sensory awareness exercises, sensitivity groups, humanistic counseling, Zen, yoga, meditation, mystical practices--to mention a few. (Source examples are Watts, 1967 and Sutich, n.d.). In addition, there is an abundance of practical literature from great Eastern masters who have developed a universally applicable expertise on productive consciousness alteration (e.g. Baba, 1967).

A further step is for your educational institution to support visits, talks, and demonstrations by experts in such approaches* Whatever you think about such approaches, they have some important precepts in common: (a) You have to do it yourself; discipline is required, drugs are useless, and (b) The maximum freedom rests in the ability to stay in society and develop yourself instead of being at the mercy of your internal or external environment.

Challenge for the College: If we focus merely on diminishing the use of psychedelic drugs, we are attacking only the symptom, not the cause. Consumption of drugs is a response to an experience deficiency. We must give at least equal attention to those relevant factors creating that deficiency. By now, the basic wants in the psychedelic user have been widely catalogued: the quests for reliable values, meaningful life objectives, fulfilling personal relationships, identity, a *MODUS VIVENDI* with society, truth, and purpose in the universe. Our institutions are not providing an adequate context for this kind of exploration and, therefore, sustain some of the underlying motives of psychedelic use.

I suggest that institutions make a more concerted effort to recognize, nurture, and support this basic human predisposition for non-intellective, emotional, personal, or "spiritual" growth. For too long, mental health has been construed as the absence of pathological symptoms or as mere adjustment to society. To relegate a crucial phase of a student's college experience (i.e. identity development) to the bull session or to his own ingenuity is simply to encourage his growing alienation from the institution.

One area of constructive response is in the academic curriculum. The orientation being propounded would imply substantial additions to the scholastic program. For example curricula could include credited courses in different phases of personal development freed from the competitiveness of grade-getting. Concepts like "creative expression," "self-discovery," "practical mysticism," etc. can become course titles, dynamically implemented without the loss of scholarly rigor. At the least, academic departments in the humanities and social sciences can sponsor seminars and symposia relevant to these areas. Congruently, the role of counselors (whether psychiatric, psychological, or educational) can be expanded to complement the academic experience. Guided exploration of oneself should be considered an expansion of the scholastic program instead of a vaguely shameful process that one embarks upon to "cope with problems." Although it is naive to expect certain faculty and administrators to greet such ideas without strong resistance, even the most skeptical can see new emphases as a welcome alternative to student hostility toward the college as an educational unit and to drug-inspired dropping-out.

CONCLUSION:

I feel optimistic that principles like those presented can successfully motivate students to reject the drug approach, but I experience a sense of urgency. I cannot feel it helpful for us to sit back and "let the drug problem run its course." There is no question that the uncontrolled use of psychedelic drugs is producing severe damage to students' lives. For me it is difficult to take lightly. I have seen too many students, friends, and acquaintances undergo crippling disorientation, agonizing suffering, and a tragic loss of personal freedom. Then there are the more fortunate ones who have only wasted precious time.

In a sense, any decision for structured action entails risks. But if one must gamble, why not go the way of intense drug education? For even if drug abuse turns out to be less harmful than indicated, you have lost only a little time and money, become better educated, and probably enhanced communication with your students. If, on the other hand, you go the other way and assume that it is not such a great problem or that it is not your responsibility, then you may lose a great opportunity to be of service to real needs in times of crisis. Perhaps equally important, you might lose the initiative in changing your students' environment from that of an ordinary institution into a life-enhancing oasis.

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*This approach has been highlighted in an extremely effective drug education program co-sponsored by the Dean of Students and Student Government at Colorado State University, Fort Collins.

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REPRINTED IN THE MARCH 17, 1970
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SOURCES OF INFORMATION REGARDING RESEARCH IN PROGRESS ON LSD, CANNABIS, ETC.

CPDI, Box 851, Berkeley, Ca. 94701, Selected listing of researchers doing research on the effects of marijuana and its constituents.*

NIMH, Chevy Chase, Maryland 20203. Write for a listing of NIMH funded research projects related to marijuana and its components and to LSD.

Science Information Exchange; 209 Madison National Bldg., 1730 M Street, M. W., Washington, D. C. 20036. Descriptions of research projects (current or recent) may be obtained by qualified researchers.

OTHER INFORMATIONAL SOURCES:

National Clearing House for Mental Health Information. 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015. (Annotated bibliographic reference material available.)

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MEHER BABA (1966) God in a Pill? This pamphlet contains the views of the spiritual master, Avatar Meher Baba. He explains that psychedelic drugs used for non-medical purposes and in non-medically supervised situations induce experiences which are harmful mentally, physically, and spiritually. He explains why these drugs are especially harmful spiritually. (This 11-page pamphlet may be obtained by sending 25¢ ppd. to Sufism Reoriented, Inc., 1290 Sutter St., San Francisco, Ca. 94109.)

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WILSON, JANE (1968) The complete (hippie) girl. Cosmopolitan Jan. 1968. (Accounts of lives of numerous young girls caught up in the drug scene in Calif.)

OTHER MATERIALS OF INTEREST:

ASSOCIATED PRESS (1969) What You Should Know About Drugs and Narcotics. $1.00 per copy. Checks should be made payable to the Associated Press. Requests should be sent to Drug Booklet, P. O. Box 5, Teaneck, N.J. 07666.

"Attack" a publication of the New York State Narcotic Addiction Control Commission is available through the New York State NACC, Albany, New York 12203.

COHEN, SIDNEY (1968) The Drug Dilemma. MacMillan, New York.

MAD MAGAZINE (1968) Turn On, Tune In, Drop Dead. Mad Magazine, No. 118 (April 1968). 30¢ plus 25¢ for orders under $2.00 for postage and packaging. 485 Madison Ave., New York, New York 10022.

MENTAL HEALTH DIGEST. For requests for issues and information regarding subscriptions to the Mental Health Digest, write the Superintendent of Documents, Government Office, Washington D.C. 20402. Subscription price, $3.50 a year; single copy 30¢.

WOJCIECHOWSKA, M. (1968) Tuned Out, Harper & Row, New York and COLES, R. (1969) The Grass Pipe Blower, Little, Brown & Co., Boston (These two novels were written especially for young teenagers, but may be of particular interest to parents.)

WOLFE, T. (1969) Electric Kool Aid Acid Test Bantam Books, N. Y. (95¢) (A realistic account of the drug scene in the mid-1960's).

FILMS - For information regarding films and film rentals, write University of California Extension Media Center Distribution, Berkeley, California 94720. Also write Professional Arts, Inc., P. O. Box 8484, Universal City, California 91608 for information regarding "Escape to Nowhere", "Pot's a Put-On" (a brief satirical put-down of pot), "The Ballad of Mary Jane," and other films.

RECORDING - "Talking Drug Store Rag" by Hank Mindlin and Carol-Leigh Jensen on S. &. S. Records - album "Inquire Within" Available through Sufism Reoriented, Inc. 1290 Sutter St., S.F., Calif. 94109. $4.98 plus 25¢ handling. (California residents add 25¢ sales tax.)

AGENCY REFERRAL AND PROGRAM INFORMATION

For referrals in the San Francisco Bay Area contact the Bay Area Social Planning Council; 577 14th St., Oakland, Ca. 94612. 835-2440.

In California, a listing by county of Drug Abuse Treatment and Referral Facilities may be obtained by writing to Mr. Chester Roberts, Jr., Division of Research, Department of the Youth Authority, 915 Capitol Mall, Sacramento, Calif. 95814.

For information regarding an experimental prevention program stressing positive alternatives to drug use, write awareness House, Bryce Brooks, Director, P. O. Box 515, Fort Bragg, Ca. 95437. Also see Life Magazine, "A Town in Trouble", March 21, 1969, for further information regarding this program.

For information regarding a successful educational program for young, first time drug offenders and their parents, write San Diego County Probation Department, William M. Sergent, Supervising Probation Officer, 2901 Meadow Lark Drive, San Diego, Ca. 92123. (Participation in an entire series of educational programs is in lieu of prose cution.) (Copies of a program summary are also available through C.P.D.I.* Please include 25¢ to cover costs of printing and handling.)

For a 19-page booklet entitled "Program Objectives-Narcotics, Drug & Alcoholic Abuse Task Force", write California Council on Criminal Justice, State Capitol, Sacramento, Ca. 95814.

*Please enclose a large self-addressed stamped envelope with all requests. Financial contributions are essential to the expansion of the work of the Committee. For all requests and for further information regarding the activities of the Committee, please write:

Committee for Psychedelic Drug Information
P. O. Box 851
Berkeley, California 94701

12/69

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(An edited reprint first appearing in the Chicago Sun-Times, March, 1969)

DECISIONS ABOUT DRUGS

A Letter to Students

from Allan Y. Cohen, Ph.D.

Maybe you turn on; maybe not. Perhaps you favor the legalization of marijuana; or possibly you think that all drug users are "dope fiends." But one thing is clear -- if you are a young American, you can't ignore the issue of drugs.

Our society encourages the idea of using drugs. "Cure your pains via chemicals." That's the message of TV, radio and other advertising media. Adults set a powerful example -- that all-too-necessary cigarette, the booze before dinner, "diet" pills, sleeping pills, tranquilizers and so on. No wonder that most kids do experiment with drugs; the non-experimenter is the exception in many communities. Adults don't seem to see the naturalness of experimentation, of turning on and hoping to feel better.

Some parents see young people who use drugs as criminals, degenerates or just plain evil. They want stronger laws to punish their children (who are usually just following their elders' example.) These adults ignore the causes of drug abuse and shut their ears to the real concerns of youth. As you know, this attitude seems like a silly approach to an important issue.

Honest Information About Drugs

You need the facts to make rational decisions about using drugs. Once you have the relevant information about drug effects and alternatives to drugs, you'll probably come up with appropriate conclusions.

Well, what are the issues? I've had to face them personally. For three years, I turned on and urged my friends to do likewise. I felt that getting high was "where it's really at".

You know, there is a new blaze of interest in the exploration of one's mind and experience, related to a search for meaning and happiness. It's a significant search for answers to very important questions: "Who am I?" and "What am I doing here?" I once thought that drugs (especially LSD, mescaline and others) would supply some answers to these questions -- and without much risk. I "tuned in, turned on and dropped out" along with many close friends, using psychedelics for three years. Later, I stopped.

I saw a friend have a terrible trip that never ended. He was put in a mental hospital after trying to kill his wife and child a number of days after he turned on. Strangely, he was well-prepared for his psychedelic journey. He had successfully dropped acid and smoked dope before. During this particular trip, he took "pure" LSD. (Presently, most of the drugs bought from the black market are incredibly impure and contain dangerous substances. The people who make money out of manufacturing and selling drugs aren't very interested in quality control.) He took it in the best setting imaginable, with the most competent guides. I tried to toss it off as one in a million cases. But then again.....

What About Pot?

We also smoked a lot of grass (pot, weed--marijuana). We didn't know much about the physical effects of grass and the psychedelics. All along, it wasn't hard to see that heroin, speed and other addictive drugs really blew your body and mind -- a very bad scene indeed. But I remember thinking that acid wasn't very harmful and that marijuana and hashish were probably even good for some people.

Well, we know better now. You are probably acquainted with the research on LSD and the strong psychedelics -- probable chromosome damage with high doses, possible damage to brain and liver tissues, etc.

But what about pot? You might be surprised that marijuana--the plant--isn't really what gets you high. It's the active ingredient that does the trick -- a chemical called THC. Hopefully, people will forget their old prejudices and realize the marijuana issue boils down to the question of the effects of THC.

Certain things are already clear. Research in Kentucky suggests that THC is a psychedelic drug and a powerful one. By weight, it may be stronger that any psychedelic except LSD itself. The early physiological research isn't going to make many potheads very happy. At this point, there is no reason to think that THC doesn't have exactly the same effects as LSD. Studies have shown that THC can produce wild hallucinations and painful psychoses, as well as destroying and deforming the offspring of laboratory animals. And the possibility of chromosomal damage cannot be discounted, even if the damage is temporary.

The myth of pot as a narcotic has been destroyed, once and for all. Those who argue that marijuana and hashish be kept under narcotics laws have no scientific leg to stand on. On the other hand, the myth of its harmlessness is also fading. The question of greatest importance now seems to be: "How much THC (through marijuana and hash) do you have to take before these invisible symptoms catch up to you?" When you are making decisions about marijuana use, just remember that you may experience the same effects on body and mind as from taking frequent small doses of LSD.

Drugs and Your Head

That brings us to the psychological issue. Do drugs make you permanently happier? Do they really help you to have fun? Do they assist you to become more peaceful, loving and interested in life?

After years in our little psychedelic community, I couldn't help realizing that drugs don't make better people. There were still laziness, arguments, lack of consideration, sexual jealousies and fear. It added up to "psychedelic hypocrisy." Just hours after seeing friends on a magnificent, enlightening trip, I watched them fight over who should do the dishes that morning. Sure, we talked love, brotherhood and God, and we were sincere; but if anyone became honest and objective, he admitted that drugs were not as advertised.

As I look back, I recall how drugs (especially grass and psychedelics) inflate people's egos: "I know where it's at...I've taken more trips that you...There's nothing left for me to learn." I have heard statements like those hundreds of times, originally from my own thoughts; more recently from some University of California drug users whom I saw during my two years as a counseling psychologist at Berkeley.

You know, drugs like LSD and pot can fake out the most intelligent and sincere people. They create a subtle self-delusion, dangerous because it is so subtle. Many acid-heads and almost all pot users never look for any bad side effects, so they never notice them.

For those of you who might want to ask yourself (or a friend) if the danger line has been crossed, here are some things to watch out for:

(1) problems in concentrating.
(2) a failing memory.

(3) decrease in mathematical ability.
(4) creeping paranoia, feelings of persecution, or thinking that certain people or institutions are getting more hostile to you.
(5) exaggerated feelings of self-confidence or growing underlying feelings of inferiority.
(6) passivity, loss of energy and lack of desire to do things except "lie back and groove."
(7) difficulty in speech, feeling you can't get thoughts into words.
(8) increasing hangups in close relationships, especially with parents and those of the opposite sex.
(9) greater impulsiveness, flying off the handle easily.
(10) feelings of the futility of life and hopelessness about your own future, and
(11) a total denial on your part that drugs might be harmful for you.

If you turn on and many of these signs apply to you, the symptoms could be caused from an accumulative overdose of THC (from pot) or from other mind-altering substances. It would be very hip of you to turn off for a while, say three weeks, to see if these signs improve and to discover how dependent you are on getting high.

Of course one of the big hassles with any drug (including tobacco and alcohol) is the dependency thing. The drug ethic says you can't get really "high" unless you take a chemical. That doesn't sound like freedom or fun to me; it sounds like psychological slavery. You know darn well that drugs can't really work, because every time you go up, you come down. And often, you are left more "down" than you were before.

Knowing the Unknowable

But wait, I hear echoes of my own voice saying, "So what if there is a possibility of physical damage to brain cells or serious creeping emotional disorders? Isn't it worth the risk if you can really 'find yourself;' maybe even get a glimpse of God?" This is a crucial point, particularly with the growing interest in expanding consciousness. But is the chemical brand of consciousness (or spirituality) authentic?

Some of the people who dig drugs want us to believe that chemicals are a shortcut to the realization of God. The psychedelic proselytizers are riding the crest of the wave of current involvement in things like meditation and "mysticism." ("Mysticism" includes those sciences of self-discovery emphasizing that God is in all of us as infinite consciousness and can be attained in actual experience, usually through Love.)

But what do the real mystics say? What are the statements of those who really know, who have permanently attained higher states of consciousness? I did a lot of personal research on this question. It was fascinating and surprising to discover that every valid mystic and authentic spiritual authority stated that the use of drugs hinders one's progress in consciousness and spiritual development.

In 1964, I learned of one extraordinary spiritual master named Meher Baba (who passed away early in 1969). Meher Baba is felt to be a manifestation of God in human form, the Messiah, Avatar or Christ, the supreme spiritual authority of our time. Sincere letters to India from psychedelic users elicited his compassionate reply:

"The (drug) experience is as far removed from Reality as is a mirage from water. No matter how much one pursues the mirage, one will never reach water and the search for God through drugs must end in disillusionment. An individual may feel that LSD has made a better man of him, socially and personally, but one will be a better man through Love than one can ever be through drugs. LSD is harmful physically, mentally and spiritually."

All of my experience in the last eight years has led me to conclude that Baba is 100% right -- right about the uselessness of drugs for finding oneself, and right about the possibility of developing real higher consciousness without chemicals. I saw that drug users did not live more enlightened lives, even though they thought they did.

Waking Up

The best of drug experiences is like a dream, a dream that can lull you deeper asleep, even when you desperately need to wake up. This is very clear after you begin to wake up. Personally, I found Meher Baba's nonchemical approach to higher consciousness so much superior to drugs that turning on would bring me down. It seems to me that truth, love and real freedom exist inside us. Attachment to chemicals and other material things is an obstacle in the path to real happiness. So many young people are finding this out that turning on with drugs is "out" and putting down is "in".

It bothers me when adults put down young drug experimenters so casually. Many students are sincerely looking for something better, perhaps for real meaning and happiness or relief from the boredom or hollowness in materialistic life. But kids shouldn't have to feel guilty about their past drug use. What's past is past. The important thing is the decision you make now. Today is the first day of the rest of your life.

To those of you who are searching, I can only offer encouragement to your best instincts. There are ways to discover the fountain of inner happiness. But the use of drugs is not one of them.

After years of experience and close observation, I have to conclude that the drug game is, at best, a waste of time. What game is worthwhile?, you ask. Well, I can't think of a better way to close than with this quote from Meher Baba:

> "To penetrate into the essence of all being and significance, and to release the fragrance of that inner attainment for the guidance and benefit of others, by expressing, in the world, truth, love, purity and beauty--this is the sole game which has any intrinsic and absolute worth. All other happenings, incidents and attainments can, in themselves, have no lasting importance."

Further References

1. On the physical and emotional effects of drugs:

   Send for the bibliography of scientific and other studies supplied by The Committee for Psychedelic Drug Information, Box 851, Berkeley, Calif. 94701. (Stamped, self-addressed envelope, please.)

2. On the spiritual effects of drugs:

   Send for "God in a Pill?", a compilation of statements relating to spiritual aspects of psychedelic and marijuana use. (Twenty-five cent donation to Sufism Reoriented, 1290 Sutter Street, San Francisco 94109)

3. On alternatives to drugs:

   Send for a reading list from Sufism Reoriented, 1290 Sutter Street, San Francisco 94109. (Suggested introductory reading: What Am I Doing Here? By Ivy O. Duce ($1.25) and Discourses, Vols. I-III by Meher Baba ($4.25) -- both available at above address.

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11/69

Intended for junior high school age students.

DRUGS

WHO'S IN CHARGE. The really funny thing about taking drugs is that it's just like taking orders, but instead of taking orders from a person, you take orders from a drug. This seems especially ironic when you consider how much we generally dislike having people tell us what to do--our parents, teachers, even our friends.

WHAT HAVE YOU GOT TO LOSE? Few people consider the long range effects of drugs like marijuana and LSD when they start getting hung up in drug use. When a person gets strung out on drugs, one of the really bad things that can happen is that he begins to lose his ability to make sound judgments--he can lose his common sense, he can stop caring about his health, his goals, and his future. He can stop considering other people. The really strange thing is that the user is often convinced that taking drugs has improved him when just the opposite happens.

Some people think that if they can use grass or acid and not suffer any obvious ill effects (at least not obvious to themselves) that these drugs are safe for most people. This is not the case. No one can predict what effect, immediate or long range, any of these drugs will have on the user. It seems awfully strange that with all the emphasis on science and technology today, we can be so naive to think that we can take any powerful drug and have it do only what we want it to do and nothing else.

Instead of getting a physical hangover with drugs like grass or acid, you're more likely to get a mental hangover. After using drugs, you feel let down and depressed often, and sometimes suffer other serious after-effects. People who have been off LSD and marijuana for a year can have recurrences of their drug experiences without taking the drug again--especially during times of stress, in panic situations and when a person is really angry.

Some people can get high just by being around people who use drugs. You might think this is a lot of fun, but it can be a living nightmare from which there may be no waking up. You can begin to think that you are losing your mind. Some people do lose their minds and have been permanently hospitalized. Sometimes it's a gradual process so the person doesn't realize that he has steadily been losing contact with reality.

DROP OUT OF THE DRUG GAME WHILE YOU'RE AHEAD. If you've been trying marijuana, or playing around with LSD, meth, or any of the other drugs, stop now while you're ahead. If you have gotten this far without having anything really devastating happen, stop while you're ahead and consider yourself lucky. It's Russian Roulette you've been playing. Hundreds of others haven't been so fortunate. Pay a visit to any psychiatric clinic or mental hospital and you may be able to see for yourself.

If you find that you are suffering from some of the side-effects of using drugs, like contact highs, recurring hallucinations, uncanny experiences, flashbacks of experiences you had when you were high--the best advice is simply to stay away from drugs unless a doctor prescribes them for a particular ailment, to stay away from people who are hung up with using drugs like LSD and grass, and to stay away from places where drugs are used heavily. In time your mind will hopefully return to normal. But if you continue to play around with dope, chances are great that you will become more and more confused mentally.

It's important for you to know that IF YOU'RE USING DRUGS, OTHERS ARE BEING AFFECTED BY YOU. It is a fact that many people pick up on people who are high. Sometimes it's people who have a history of drug use. Sometimes it's people who are emotionally unstable. Sometimes it's older people. Children seem to be more naturally sensitive and susceptible to the influence of drug users. At an experimental drug community in New York State, the children were sent away because they were picking up so badly on the environment--by just being around people who were using drugs a lot.

A lot of people have had second thoughts about using LSD when they heard of research which linked LSD use to possible chromosome damage. What right do we have to risk possible harm to future generations?

SEE WITHOUT LSD. Some people say they use psychedelic drugs like LSD, even marijuana to find truth, to expand consciousness. According to those who are authorities on the spiritual implications of using drugs, the drugs lead to a state of perverted consciousness which has nothing at all to do with the ongoing process of reaching the truth. Drugs can't finally help you attain what you're looking for. But drugs can really confuse you and mislead you.

In order to find truth, or to arrive at a deeper understanding of yourself, you will be assured of really accomplishing something if you proceed on your own initiative and will power. You will find your rewards accordingly. Searching for and finding true values has more to do with the expansion of the heart than it does with the expansion of the mind. Successful searching for truth results in clarifying your perceptions, slowing down and disciplining your mind and deepending your intuition. Drugs on the other hand act to speed up the mind and result in confusion and delusion for the user. Of greatest importance for self development is the cultivation of love--pure, simple, unadulterated love. When such love becomes a guiding force, a person becomes less selfish and more concerned for others. The drug user can get so hung up in his own world that he often doesn't even care about anybody else. Becoming more loving means becoming more considerate of others, of their thoughts and feelings. It means becoming more responsive and more responsible, more tolerant and more forgiving.

BETTER LIVING THROUGH WILL POWER. Even trying drugs once or twice can turn into months or years of wasted time and energy. If your friends encourage you to try drugs, be ready with answers. You can say no. You can say that it's not your thing. You can say that you don't need drugs to feel high. You can say that you've heard about additives and impurities in drugs. LSD is rarely LSD. What is being sold as LSD is often methedrine or mixtures of belladona, and even strychnine, or all kinds of other things, due to the fact that it's so hard to make LSD. The grass in the Bay Area is sometimes weighted with mercury which makes you sick when you smoke it. Sometimes the grass is laced with LSD or DMT. You can say that you value your health too much. You can say that you are emotionally sensitive and you don't want to take any unnecessary chances by playing around with drugs. You can always ask the person, "WHO NEEDS IT?"

It's never good to take anything that causes you to lose control. No one can really rely on you until the effects of the drug wear off. You can say things and do things you would never have dreamt of when you weren't high. And after coming down you have to live with the results of what you've said and done. Some people solve this problem of conscience by becoming irresponsible all the time.

DON'T GET STRUNG OUT ON DRUGS. We all lose. You stand to lose your health, your mind, your friends, your family, even your life. We stand to lose you. Stick around. Don't drop out of life. We need you to help make a better world. Lots of people need help.

Lots of us have been sidetracked and we've been caught up in thinking only about ourselves and our own happiness. There's more to life than being selfish and thinking only of ourselves. One of the best ways of getting really high is to take an active interest in other people, in the world, in life, and in doing what you can to become a better person. The best trip is to work to develop yourself, to attain maturity, and, with it, tolerance, discrimination, wisdom, and lasting happiness--and to help others do the same. Real happiness comes from clear and honest thinking and living, not from the confusion and selfishness that comes from using drugs.

DON'T LET YOURSELF BE ONE OF THE ONES GETTING FOOLED BY DRUGS.
RELY ON YOURSELF AND ON YOUR OWN INNER RESOURCES. BE YOUR OWN MAN.
STICK AROUND AND PITCH IN. WE NEED YOU.

NOTE: THE DEBATE WHICH SURROUNDS MARIJUANA.
Why do there seem to be so many conflicting views on the question of marijuana use? In part this is due to misinformation. Some of those who have spoken out in favor of marijuana have not thoroughly studied the facts. For instance, the latest research findings are not yet known to many researchers. (For a list of references write to Box 851, Berkeley, enclosing a large, self-addressed stamped envelope). A lot of the research which has been done all over the world shows that the chronic (or long term) use of marijuana leads to definite personality deterioration and to very negative social consequences. This kind of research is often overlooked or unknown to proponents of marijuana. Many grass advocates are basing their opinions on the beliefs of people (some of whom are doctors) who SHOULD know what they are talking about, but who don't. Negative reactions to marijuana and long term effects are documented in recent literature. If we are going to be scientific about this and proceed with reason, we cannot afford to ignore the facts, as so many people have.

The views of a former drug user.

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